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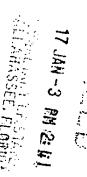
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Starr Blum Group 266 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey Rlum Name of Person
The Star Blum Group LLC Firm/Company
4000 Ponce de Leon Blvd \$ 470 Address
Coral Gables FL 33146 City/State and Zip Code Jeffrey Blum Dampf. com E-mail address: (to be used for future annual report notification)
Jeffrey - Blum Banff. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey Blum at (305) 336-5372 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Starr	Slum Group UC	
(<u>Name of the Limiten</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on $12/1/16$	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
Starr Blum	Holdings LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered offic	ce address here.	The Co
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
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	, Florid	a Zip Code
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New Registered Agent's Signature, if changing Registered Agent:

-TI

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
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Filing Fee: \$25.00