LITOOO	11056
(Requestor's Name) (Address) (Address)	800332487018
(City/State/Zip/Phone #)	07/23/1301020011 ++30.00
Certified Copies Certificates of Status	SECRETARY OF STREETING

# **COVER LETTER**

TO: Registration Section Division of Corporations

G-STAR SERVICES LLC Name of Limited Liability Company SUBJECT: THE JUL 29 PH 12 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SerGLO HIGVERG Name of Person ALL VILLA OPTIONS Firm/Company 5448 HOFFNOR ANC SNIFE 102 Address ORLANDO FL 32-812 City/State and Zip Code ALLVILLA OPTIONS COMAIL. WM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 729 1560 Area Code Davtime Telephone Number SERGIO HIGUERA Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60,00 Filing Fee, Certificate of Status & 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

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ARTICLES OF OR	GANIZATION 🐇
OF	Sec. Up
G-STAR SERVICES, ELC	P.
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	s it now appears on our records.)
The Articles of Organization for this Limited Liability Company we	re filed on $1/17/2017$ and assigned
Florida document number $L170000/1056$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability G	Company," the designation "LLC" or the abbreviation "L.L.C."
	3448 HOFFNAR AVE
Enter new principal offices address, if applicable:	SUITE 201
(Principal office address MUST BE A STREET ADDRESS)	
	ORIANDO FL 32812
Enter new mailing address, if applicable:	5498 HOFFher Ave
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 201
	5448 HOFFher AVE SUITE ZO/ ORIANDO F2 328/2
B. If amending the registered agent and/or registered office	address on our records, <u>enter the name of the r</u>
registered agent and/or the new registered office address here:	

Name of New Registered Agent:	Sergio Higners	

New Registered Office Address:	5448

ORIAN.DO	, Florida	32812	
City		Zip Code	

HOFFMER AVE #201

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.



## or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
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			Remove
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E. Effective date, if other than the date of filing:  $\frac{7/20/19}{(11 \text{ an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3).$ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	7.26. 1 2019	
	$\Delta T$	
	Signature of a member or authorized representative of a member	
	-(	
	SERGIO HIGUERA	<u>.</u>
	Typed or printed name of signee	

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Filing Fee: \$25.00