47000 48809

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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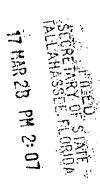
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4002 W. Waters Ave, Suite 5 Tampa, Florida 33614

- (F) 813-200-1020
- © martins@cfuis.com

http://cfuis.com/

March 23, 2017

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir/Madam,

We represent Starbest, LLC (L17000048809) and herein submit our client's Articles of Amendment to Articles of Organization. The specific changes required are:

Name of the registered member which should be as follows:

Veronica Ekwuruke

Address:

345 6th Ave. W. Suite V2 Bradenton, Florida 34205

A check in the amount of \$25 is herein attached to cover the filing fees.

Thanks in anticipation of your cooperation in effecting the amendments.

Sincerely,

Martins I. Imudia, PhD

Attorney at Law

Enclosures

SCREEN SOFT STORES

COVER LETTER

| Division of Cor | porations | | | |
|----------------------------------|--|--|--|-----|
| SUBJECT: | | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | | |
| | , , | - | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | |
| | MARTI | Name of Person | UDIA PhD | |
| | | U/S Firm/Company | | |
| | P.O. B | $\frac{30\times 15258}{\text{Address}}$ Address City/State and Zip Code | 5/ | io. |
| | | Address | | |
| | 1 Am | City/State and Zip Code | A 33 6 84 \$ | |
| | MAR | to be used for future annual report notif | 'S-(OM 呈 | TON |
| For further information c | oncerning this matter, please co | • | 9 | |
| MARTIN | S I. TAMBI | 14 at (8/3) 289 Area Code Daytime | -7222 Telephone Number | |
| Name | i i cisoli | Area Code Daytiine | : Telephone Ivanioei | |
| Enclosed is a check for the | ne 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:

TO:

Registration Section

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

| SIAKBES, | , 22 |
|---|---|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | was it now appears on our records.) iability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on MARCH 2, 2017 and assigned |
| Florida document number <u>L 170000 4880</u> 9 | 7 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| N/A | |
| The new name must be distinguishable and contain the words "Limited Liabili | |
| Enter new principal offices address, if applicable: | BRADENTON, FL 34205 |
| (Principal office address MUST BE A STREET ADDRESS) | BRADENTON, PL 34205 |
| | |
| Enter new mailing address, if applicable: | SUITE V2 BRADENTON, FL 3420 |
| (Mailing address MAY BE A POST OFFICE BOX) | SUITE V2 |
| | BRADENTON, FL 3420 |
| B. If amending the registered agent and/or registered off | ice address on our records, enter the name of the new |
| registered agent and/or the new registered office address here | |
| | 41/0- |
| Name of New Registered Agent: | /V / / / |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| • | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |

New Registered Agent's Signature, it changing Registered Agent:

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:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|-----------------|--------------------------------|----------------|
| AMBR | VERONICA EKWURU | IKE 345 GTH AUE. A SUITE V2 | Ø. □ Add |
| | | | Remove |
| | | BRADENTON, FC | Change |
| | | 34205. | Add |
| | | | Remove |
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| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------------|--|
| | The Changes required are |
| | 1: The member name (Last Name |
| | 2. Address (Added Snile #). |
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| lf an ef Note: | tive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | March 23, 2017. |
| | Miles - |
| | Signature of a member or authorized representative of a member |
| | MARTINS I. IMUDIA, PLD |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00