

4700048809

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SECRETARY OF
TALLAHASSEE, FLORIDA
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IMMIGRATION ATTORNEYS

4002 W. Waters Ave, Suite 5
Tampa, Florida 33614

Ⓟ 813-298-7222

Ⓣ 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

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAR 28 PM 2:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR BEST, LLC
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:

MARTINS I. IMUDIA, PhD
Name of Person

CFUIS
Firm/Company

P.O. BOX 152581
Address

TAMPA, FLORIDA 33684
City/State and Zip Code

MARTINS@CFUIS.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF FLORIDA
TALLAHASSEE
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For further information concerning this matter, please call:

MARTINS I. IMUDIA at (813) 289-7222
Name of Person Area Code Daytime Telephone Number

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STAR BEST, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 2, 2017 and assigned Florida document number L17000048809

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

345 6TH AVE. W., SUITE V2
BRADENTON, FL 34205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

345 6TH AVE. W.
SUITE V2
BRADENTON, FL 34205

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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 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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VERONICA EKWURUKE	345 6TH AVE. W. SUITE V2	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		BRADENTON, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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D. If amending 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 Suite #).

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TALLAHASSEE, FLORIDA
MAR 28 PM 2:01

E. Effective date, if other than the date of filing: _____ (optional)

(If 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)(b)

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

March 23, 2017

Signature of a member or authorized representative of a member

MARTINS I. INDIA, PLD

Typed or printed name of signee