# 117000075894

(2)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Limity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration A 575 OF
Special Instructions to Filing Officer:

Office Use Only



800301855348

07/31/17--01041--033 \*\*25.00

TILE 1

J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: STAR HOUSE PINES LC 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:
Name of Person
STAR HOUSE PINCS
9976 PINRS BLVD
Pembroke Pines Fl 33024
STAR house Pines & 49h00 . Com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Marcellus KiTT- Change 305 2443467  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266! Executive Center Circle Tallahassee, FL 32301

CK \$ 3090

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOR H	OUSE PI	Nes	LLC	/
( <u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	vecorus.)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000758</u>	pany were filed on <u>D</u> 4	1-04-2	017 and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited  The new name must be distinguishable and contain the words "Limited	NIA	with MIT (Words	- h h i-si N	11.6
	Liability Company, the design	nation "LLC or in	e appreviation	L.L.C.
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		- Fig. 1	<u> </u>
				) Species services
Enter new mailing address, if applicable:			<u> </u>	- [ - [
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
				5
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r records, <u>ent</u>	er the nam	e of the new
	<u>, , , , , , , , , , , , , , , , , , , </u>			
Name of New Registered Agent:	N.	A		
New Registered Office Address:				
	Enter Florida s	treet address		
	111=00	, Florida		
	City		Zip Coa	le

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.

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> Name 1 <u>Address</u> Type of Action AMBR FERdINAND, DESSALINES 2861 HURON WAY ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove □ □ □ □ □ □ □ □ □ □ □ □ □ Rēmove ☐ Change □ Add ☐ Remove ☐ Change

_	<del></del>
_	
-	
-	
_	
-	
-	
_	
_	
-	
-	
_	
-	
-	
_	
`an eff <u>'ote:</u>	ive date, if other than the date of filing:  7-24-17 (optional) ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	7- 24- 17.
	Signature of a-member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00