8/12/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : 120130000079

Phone

: (305)804-1047

Fax Number

: (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STAR HOUSE PINES LLC

Certificate of Status	0
Certified Copy	0
l'age Count	04
Estimated Charge	\$25.00

0

Electronic Filing Menu

Corporate Filing Menu

Help

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AUG 1 4 2018

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAR HOUSE PINES LLC	ed Liability Company as it now appea	irs on our records.)	
(2,2,10,2,1) 713 134113	ed Liability Company as it now appet (A Florida Limited Liability Company)		
The Articles of Organization for this Limited L	iability Company were filed on 0	4/04/2017 and a	essigned
Florida document number 1.17000075894	·		
This amendment is submitted to amend the following	on ing		
A. If amending name, enter the new name o	the limited liability company t	i <u>erė</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abbreviation	'L,L,C."
		•	
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	.I ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ΒΟλ)		
munic units in the			
B. If amending the registered agent and registered agent and/or the new registered o	Mice address here:	on our records, <u>enter the nam</u>	te of the new
Name of New Registered Agent:	SANTO J ROSARIO		
New Registered Office Address:	9976 PINES BLVD	oricks street ackiress	
			is an
	PEMBROKE PINES City	, Florida 33024	<u></u> <u></u>
New Registered Agent's Signature, if changing	Registered Agent:		ر ان از ان
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	ed agent and agrec to act in this per and complete performance of istered agent as provided for in registered office address, I her	Chapter 605, F.S. Or, if this do	ocument is
	Santo O Rosa	Agent, Signature of New Registered A	
	If Changing Registered	Agent, Signature of New Registered A	gent
	Page 1 of 3		

To. Suntiz LLC

Fax: (850) 817-8383

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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	EUGENE TALABERT	9976 PINES BLVD	Add
		PEMBROKE PINES, FL 33024	Remove
			☐ Change
AMBR	SANTO J ROSARIO	9976 PINES BLVD	Add
		PEMBROKE PINES, FL 33024	Remove
			Change
AMBR	ELIZABETH CARTRON	9976 PINES BLVD	
		PEMBROKE PINES, FL 33024	☐ Remove
			☐ Change
			Remove
			□ Change
		· · ·	Add
			□ Ксточе
			Сհայցշ
			Add
			Remove
			Change

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Tective date, if other than the da	te of filing: specific and cannot be prior to daw of filing or more that	(optional)
Note: If the date insected in this block	does not meet me appreading state of a state of	irements, this date will not be listed as th
document's effective date on the Department	riment of State's records.	
ne record specifies a delayed o The 90th day after the recor	ffective date, but not an effective time,	at 12:01 a.m. on the earlier of:
AUGUST 10	2018	
Dated		
Santo J. Rosas	inuture of a member or authorized representative of a π	nember
	Authoric Of a life life. Of approved to be commented at a life	•••

Page 3 of 3 Filing Fee: \$25.00