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17 MAY 30 PM 5: 34
SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN MAY 3 1 2017

COVER LETTER

Division of Corporations
SUBJECT: 5 Stars Plus real estate Services 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:
Chant Karajian Name of Person
5 stars Plus red estate services
10108 Paradise blud Address
City/State and Zip Code informed ty. org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chant Karajian at (813) 810 7099 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

5 Stars Plus real	l estate	services LLC
5 Stars Plus real (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700081647</u>	were filed on April	// 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words cimited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	, ,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	on to not in this nangoi	to I further garee to comply with the
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, If this decument is
company has been notified in writing of this change.		FILEE MAN 30 P
If Chan	ging Registered Agent, Sig	nature of New Registered Agent

Page 1 of 3

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 **Address Type of Action** Name MGR Joe Karajian 10108 Paradise blud MAdd Treasure 15 land FC Remove 33706 Change MGR Mary CatoK PO BOX 56335 MAD St-Peters burg FL Remove 33732 Change MER Chant Karajian 10108 Paradise blud Add Treasure island, FL Kremove 33706 □ Change ☐ Add ☐ Remove □ Change ☐ Add ☐ Remove

				
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te: If the cument's e	date inserted in this block do effective date on the Departm	of filing: April 12 23 ecific and cannot be prior to date of filing or more nest one meet the applicable statutory filing repent of State's records.	requirements, this date will not be lis	sted a
he 90th	n day after the record is	s filed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ed	1ay 25		17 M SECRI TALLA	•
				7
	Signat	ure of a member or authorized representative of	AHAY 30 PM	7 1 1 1 0
	Chant			1 1

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Filing Fee: \$25.00