L17000093087

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COVER LETTER

,TO:	Registration S Division of Co			·				
CUDIE		Ventures, LLC						
SUBJEC	Ul:	T:Name of Limited Liability Company						
The encl	losed Articles o	of Amendment and fee(s) are sub	emitted for filing.					
Please re	eturn all corresp	oondence concerning this matter	to the following:					
		Guerino Terracciano						
		to the second se	Name of Person					
			Firm/Company					
		3472 Indian Creek Blvd						
		 	Address					
		Saint Johns, Florida 32259)					
			City/State and Zip Code	 				
		scrapple22 @aol.com		N				
For furth	er information	concerning this matter, please ca	to be used for future annual report notif	neation)				
	Terracciano		954 548-9061					
	Name	of Person	Area Code Daytime	e Telephone Number				
Enclosed	l is a check for	the following amount:						
© \$25.0	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

	g Star Ventures, LLC	
(<u>Name of the Limited Lin</u> (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	y Company were filed on April 2	6, 2017 and assigned
Florida document number L17000093087		
This amendment is submitted to amend the following	 -	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	····	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:		r records, enter the name of the ne
New Registered Office Address:		
Negisiereu Omeo Audress.	Enter Florida si	reet address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my of agent as provided for in Chapered office address, I hereby cone.	duties, and I am familiar with and ter 605, F.S. Or, if this document is infirm that the limited limitity
	If Changing Registered Agent,	Signature of New Registered Agent
	Page 1 of 3	STATE 2

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	Address	Type of Action
Member	Valerie Nicole Terracciano	3472 Indian Creek Blvd	Add
		Saint Johns, Florida 32259	□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
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