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COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT:	TAM IAM I Name of Limi	Tint Master	5
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kim!	berly Furgul Name of Person	
		Firm/Company	asters
	<u> 8121 F</u>	RUSINS C+. St	te 24
	Estar ± in t E-mail address: (1	City/State and Zip Code Mas ters + 1 6 o be used for future annual report notific	Cymail. (mc
For further information co	ncerning this matter, please ca	ıll:	
Kunberly	Furgul Person	at (407) Slovi Area Code Daytime	- W & Co Telephone Number
Enclosed is a check for the	following amount:		
N S25.00 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

(Name of the Limited Li	ability Company as it now appea	Star S	
(A F!	orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on		and assigned
Florida document number	<u> </u>		
This amendment is submitted to amend the followin	ß:		
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :	
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 A	DDRESS)		
Enter new mailing address, if applicable:			10 11 2
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>		
B. If amending the registered agent and/or i	registered office address o	n our records, ente	r the name of the ne
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:	Kmberly	Furgol	
New Registered Office Address:	Enter Flo	orida street address	
	City	, Florida _	Zip Code
	Cay		Sip Cost

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 Title Name <u>Address</u> Type of Action FMBR Kimberly Furgel 8121 Rosins Ct. #26 D'Add

Estero, FL 33428 ORemo _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

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Page 3 of 3

Filing Fee: \$25.00