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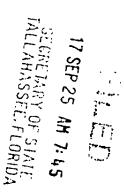
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COVER LETTER

SUBJECT: Four star construction Services UC. 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: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Services UC. Firm/Company Address Address City/State and Zip Code Tourstay and Onethods Company E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Paula Day Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$ \$55.00 Filing Fee & \$55.00 Filin			
The enclosed Articles o	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Paola	Name of Person	
	Four star (Instruction S	ENVICE LLC.
	300 Daw	In lane	
	Mary ent Four star	2014 @hatm	nail com
For further information	concerning this matter, please ca	dl:	
Paula	DCIVI G	at (SS) 34 C	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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

Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new namelof the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ote: If the date inserted in this block does not meet the applicable statutory filing requirements occument's effective date on the Department of State's records.	s, this date will not	nt to 605.020 be listed a
e record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m. on the	earlier (
atcd NOD 21 2017		
Signature of a member or authorized representative of a member		
Parla Dayold		

Page 3 of 3

Filing Fee: \$25.00