117000229279

(Decrease de Alexan)
(Requestor's Name)
(Address)
(Address)
/City/Chata City/Ohana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
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OCT 14 2020

COVER LETTER

	Registration So Division of Co					
SUBJECT		STREET, LLC				
oc bar.c.						
The enclo-	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	arn all correspo	ondence concerning this matter	to the following:			
		CRAIG D. SAVAGE				
			Name of Person			
		CRAIG D. SAVAGE P.A				
			Firm Company			
		18851 NE 29 AVENUE S	UITE 303			
			Address			
		AVENTURA, FL 33180				
			City State and Zip Code			
		lance(g)globalstarventures.c				
		E-mail address (to be used for future annual report no	ufication)		
For further	information c	oncerning this matter, please c	all:			
CRAIG D	. SAVAGE		954 985-1005			
	Name o	f Person	at ()	ne Telephone Number		
Enclosed i	s a check for th	ne following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres		Street Address:	wition		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2020 SE2 - 3 PH 6: 03

(Nume of the Limited Liability (A Florida	STYCET, 4	appears on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L17000229279</u>	ompany were filed		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability comp	any here:		
The new name must be distinguishable and contain the words "I im	ated Liability Company	"the designation "LLC" or th	c abbreviation "L. L. C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
			·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on	our records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Eni	Enter Florida sirvet address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	l Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agoning filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performan ent as provided fo	ce of my duties, and Lai r in Chanter 605 FS C	n familiar with and	
	If Changing Register	ed 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

2201 SE 1 - 3 PM 6: 03

<u>Title</u>	Name	Address	Type of Action
MGR	FYODOR BLUMIN	1321 N Hayworth Ave. Apt #C W Hollywood, CA	≣∧dd
		мия е	_ □Remove
			{
MGR	JARED MARGOLIS	3701 North 54 Ave , Hollywood, FL 33021	🗆 🗆 Add
			Remove
			_
			DAdd
			□Remove
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	er than the date of f, the date must be spec- ted in this block doe, ate on the Departme			y or more than 90 d. y tiling requiremen	Goptional) lys after filing nts, this date) Pursuant to 605, will not be liste
cord specifies a dela filed.	iyed effective date, h	out not an effectiv	ve time, at 12:01	a.m. on the earlie	roni(b) Th	e 90th day after
August 26, 2020		- <u>-</u>	·			
		/3//		tative of a member		

Filing Fee: \$25.00