## L18000051753

(Re	questor's Name)	
(Ad	dress)	
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(Ćit	ty/State/Zip/Phone	- <del> </del>
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## **COVER LETTER**

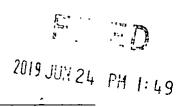
то:	Registration Sec Division of Corp				
oun ir		STRUCTION MANAGEMEN	TT LLC		
SUBJE	C.I:	Name of Limi	ted Liability Company		<del> </del>
The end	losed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please r	eturn all correspon	dence concerning this matter t	to the following:		
		Justi-	R. Zinza	·~	
			Law, LLC Firm/Company		
			Lbuck St. Address		
			Address  PL 34655  City/State and Zip Code		
			o be used for future annual	report notification	()
For furt	her information co	ncerning this matter, please ca	.11:		
	Name of	Person	at ( <b>727</b> )	787-3	hone Number
Enclose	d is a check for the	following amount:			
<b>■ \$2</b> 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$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



STAR CONSTRUCTION MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		, , ,	+
he Articles of Organization for this Limited Liabil		were filed on $\frac{2/27/20}{}$	18 and assigned
orida document number 1.18000051753	· ·		
nis amendment is submitted to amend the followir	ıg:		
If amending name, enter the new name of the	limited liab	ility company here:	
e new name must be distinguishable and contain the words	"Limited Liabil	lity 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 ADDRESS)		6742 GULF BLVD S. 120	
Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or a egistered agent and/or the new registered office  Name of New Registered Agent:	registered of	<u>e</u> :	r records, <u>enter the name of the</u>
	6742 GULFPORT BLVD S., 120		
New Registered Office Address: $\frac{6}{2}$	742 GULFFO	Enter Florida s	treet address
S	OUTH PASA		Florida 33707
<del>-</del>	<u>.</u>	City	Zin Code

## 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.

Is Gasen B. Lette
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAYMOND A. ORASI	<del></del>	
		802 14TH AVE. SW LARGO, FL 33770	≅ Remove
			☐ Change
	<del></del>		
			☐ Remove
			□ Change
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Effective date, if other than the state of t	plock does not meet the appli	cable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as
ne record specifies a delay The 90th day after the re		ot an effective time, a	t 12:01 a.m. on the earlier o
Dated JUNE 19	2019	·	
/s/ Danielle I	I. Amico, attorney for Signature of a member or aut	or Raymond Orasi	nber
DANIELLE N. AMIC	()		

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Filing Fee: \$25.00