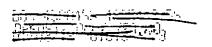
L18000 52913

(Requestor's Name)
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COVER LETTER

Div	ision of Cor	porations						
SUBJECT:								
		Name of Lim	ited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	i all correspo	ndence concerning this matter	to the following:					
		GINGER FERRAEZ						
			Name of Person					
		GG 5 STAR HOLDINGS.	LLC					
			Firm/Company					
		16851 CAMINETTO CT						
			Address	<u> </u>				
		NAPLES FLORIDA 341	10					
			City/State and Zip Code					
•		GFERRAEZ@AOL.COM						
		E-mail address: ()	to be used for future annual report notif	ication)				
For further i	nformation co	oncerning this matter, please co	ill:					
RANDY SO	OFFERMAN		516 455-8395					
	Name of	l'Person		Telephone Number				
Enclosed is	a check for th	e following amount:						
\$25,00 F	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:

TO:

Registration Section

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

GG 5 STAR HOLDINGS LLC			
(Name of the Lim	i <mark>ted Liability Company a</mark> (A Florida Limited Liabi	s it now appears on our reco lity Company)	ords.)
The Articles of Organization for this Limited 1 Florida document number L18000052913		re filed on MARCH 02 20	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "L	I.C" or the abbreviation "L.IC."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		<u></u>
•			
B. If amending the registered agent and registered agent and/or the new registered o		address on our recor	rds, enter the name of the nev
Name of New Registered Agent:	GINGER FERRAE	Z	
New Registered Office Address:	16851 CAMINETT	O CY=T	
		Enter Florida street addi	ress
	NAPLES	, 1	Florida 34110
		City	Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
			Add
			□ Remove
			☐ Change
			DAdd
			☐ Remove
			☐ Change
			D Add
			☐ Remove
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Filing Fee: \$25.00