## 118000068198

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## **COVER LETTER**

SUBJECT:	ive Star Re	storation L	C C		
	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Rujus	Name of Person Jame	<u>い</u> 、		
	Fine St	ar Restoration	c, ccc.		
	1025 Hate	way Blud Sui	te 162		
	Boyston	Way Blud Sui Address Black, Fl.	33426		
	V	City/State and Zip Code			
	E-mail address: (	to be used for future annual report not	fication)		
For further information co	oncerning this matter, please ca	all:	-		
x Minned Name of	Rerson Wilson	at ( <u>772</u> ) <u>26/-</u> Area Code Daytim	1094 Ene Telephone Number	2018 SEP 2	CONTRACTOR OF THE PERSON OF TH
Enclosed is a check for th	ne following amount:		55 Er - (1		1
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing E Certificate of Certified Copy (additional copy is	ger. 💫 Status &	محمده والمحمد

MAILING ADDRESS:

Registration Section

Division of Corporations

T():

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

FIVE STAR RESTORATION, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/15/2018	and assigned
Florida document number L18000068198		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		<del>_</del>
(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 of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		200
New Registered Office Address:		N N
	Enter Florida street address	2
	, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for ovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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> 1100</u>	Name	Address	Type of Action
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Effective date, if other	er than the dat	e of filing: _			(ont	≥². ional)	
If an effective date is listed Note: If the date insert document's effective date	the date must be ed in this block	specific and can does not meet	not be prior to c the applicable	late of filing or mo	re than 90 days after	r tiline ) Porsus	nt to 605.0207 t be listed as
ne record specifies The 90th day afte	er the record	is filed.			me, at 12:01	a.m. on the	∍ earlier of
Dated	ept. 17	20/8	y >				
-D24)	nail i	Jelon ature of a memi	On or authorize	ed representative (	f a member		
				nme of signee			

Page 3 of 3

Filing Fee: \$25.00