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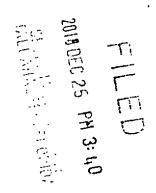
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COVER LETTER

v.

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

<u>:`₩</u>	Risian	A STARR	PIIC
UBJECT:		ted Liability Company	1 2 2 2
he enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
lease return all correspond	dence concerning this matter t	to the following:	
	B	DENDA STAR	LR
		Name of Person	
		Firm/Company	
		55 S G Arz	DEN DR 207
		City/State and Zip Code	
			agnail lan ort notification)
	ncerning this matter, please ca		4
Name of I	VOA SMAR	at (<u>Sb 1</u>) Area Code I	Oaytime Telephone Number
Enclosed is a check for the	following amount:		
	□ \$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
	GG ADDRESS:	STREET/CO Registration	OURIER ADDRESS: Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2018 DEC 26 PM 3: 40

\mathcal{D}_{a} .	Minds	3:40
(Name of the Limited Liability Co	STARR PLLC ompany as it now appears on our records.) ited Liability Company)	40
		10 pt 11
The Articles of Organization for this Limited Liability Comp Florida document number <u>し18 6000 円 (口)</u>	pany were filed on $\frac{3/28/18}{}$	and assigned
Florida document number	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited He have be distinguishable and contain the words "Limited I	Palm Beaches,	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	M/A	·
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:	N/A	
 - 		
New Registered Office Address:	Enter Florida street address	=
	, Florida	
_ 	City	Zin Carla

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

4GR = M 4MBR = A	anager uthorized Member		
itle	<u>Name</u>	Address	Type of Action
NA			
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Page 3 of 3
Filing Fee: \$25.00