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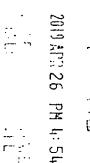
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



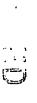
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R. WHITE

MAY 0 8 2019



COVER LETTER

| Div | ision of Corp | oorations | • | | | |
|--|-----------------|--|---|---|--|--|
| SUBJECT: | Stress Free I | Repairs LLC. | | | | |
| Name of Limited Liability Company | | | | | | |
| | | | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return | all correspor | idence concerning this matter | to the following: | | | |
| | | Misha Romanovskiy | | | | |
| | | | Name of Person | E-176 | | |
| | | Stress Free Repairs LLC. | | | | |
| Firm/Company | | | | | | |
| | | 77 Pebble Beach Drive | | | | |
| | | | Address | | | |
| | | Palm Coast, FL 32164 | | | | |
| | | stressfreerepairs@gmail.con | City/State and Zip Code | . | | |
| | | E-mail address: (t | o be used for future annual report notif | ication) | | |
| For further in | nformation ec | oncerning this matter, please ca | ili: | | | |
| Misha Roma | anovskiy | | 386 385-4470 | | | |
| Name of Person Area Code Daytime Telephone Num | | | : 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



| Stress Free Repairs LLC. | | 2019 APC 26 PM 4: 54 |
|---|---|---------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | iny as it now appears on our records.) | |
| (A Florida Limited) The Articles of Organization for this Limited Liability Company | | and assigned |
| | were med on | and assigned |
| Florida document number L18000127880 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | |
| North Star Electric L.L.C. | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 77 Pebble Beach Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Palm Coast, FL 32164 | |
| | | |
| Enter new mailing address, if applicable: | 77 Pebble Beach Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Palm Coast, FL 32164 | |
| | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | da |
| | City | daZip 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, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager |
|----------------|-------------------|
| MON | Wianagei |
| $\Delta MRR =$ | Authorized Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I | lock does not me | eet the applicat | date of filing or i ble statutory filing | nore than 90 days a | ptional) fter filing.) Pursuant to this date will not be | o 605.0207 : listed as |
| he record specifies a delaye The 90th day after the re | | ate, but not | an effective | time, at 12:0 | 1 a.m. on the e | arlier of |
| Dated April 23 | | 2019 | | | | |
| Dated | · · · | | _ · | | | |
| | | | | | | |
| | | | | | | _ |
| | Signature of a m | ember or author | ized representativ | e of a member | | |

Page 3 of 3

Filing Fee: \$25.00