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COVER LETTER

Γ O :	Registration Section Division of Corpor			
JUBJE	ест:М	ORALIN & STAR Name of Limi	- 3 LLC ited Liability Company	
"he end	closed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
lease i	return all corresponde	nce concerning this matter	to the following:	
		CARM	EN MARTINEZ Name of Person	-
			LMNGSTAR 3 LLC Firm/Company	
		688	1 SW 130th te	uace_
		M	AMI FL 331 City/State and Zip Code	56
	_	E-mail address: (t	Nartine 2 6881 @	gingil. (em
or fur	ther information conce	erning this matter, please ca	ntl;	
	Carmen Name of Per	Martinez	at (786) 256 - Area Code Daytime	5656 Telephone Number
Enclose	ed is a check for the fo	ollowing amount:		
□ \$ 2:	5,00 Filing Fee 🥻	2 \$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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Fioral Million	STAR 3 L(npany as it now appears on e ed Liability Company)	our records.)	<u></u>
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>Ĵ</u> Ú	ne8,2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:		
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designa	ation "LLC" or the abbi	revi <u>nti</u> on "L.L.C."
Enter new principal offices address, if applicable:		Ž.	020 C
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	(F)	
Timeijai ojjice adaress 11031 DE A STREET ADDIKESSI		<u> </u>	
			3 /
Enter new mailing address, if applicable:		. fi	-
Mailing address MAY BE A POST OFFICE BOX)			-
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our record	ds, <u>enter the name</u>	of the new registere
New Registered Office Address:		met addines	
New Registered Office Address:	Enter Florida sti	reer traire.cs	
New Registered Office Address:		, Florida	
	City		Zip Code
New Registered Office Address: ew Registered Agent's Signature, if changing Registered Age	City		Zip Code

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ir removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
4GR	ARIEL MARTINEZ	6881 S.W. 130th TERRACE WIAM	11, FL 33156 MAdd
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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eft <u>e:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
d	DECEMBER 17 2020
	Signature of a member or authorized representative of a member
	CARMEN MARTINEZ

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