## 118000145498

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SECRETARY OF STITIONS DIVISION OF CORPORATIONS

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## **COVER LETTER**

Article of SUBJECT:	of Amendment Five Star Resid	lences LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Daniela Pavon	
		Name of Person	
	F	ive Star Residences LLC	
		Firm/Company	
	5	840 W Sample Rd #207	
		Address	
	С	oral Springs, FL 33067	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	all:	
Dan	iela Pavon		
Name	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 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)
	H ING ADDDESS.	etdeet/colldi	ED ANNDECC.

MAILING ADDRESS: Registration Section

TO:

**Registration Section** Division of Corporations

> 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 Residences LLC

(Name of the Limi	(A Florida Limited	Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number <u>L18000145498</u>	iability Company	were filed on	18 and assi	gned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.I	C."	
Enter new principal offices address, if applicable:		102 NE 2nd ST			
(Principal office address MUST BE A STREET ADDRESS)		#6	<u>.</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 3343	2 =	9	
		102 NE 2ns ST #6		FILE SECRETARY I	
		Boca Raton. FL 3343	2	유 유 유	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	/or registered o ffice address her Daniela Pavo	<u>e</u> :	records, enter the name	AR M the nev	
	102 NE 2nd S	T #6			
New Registered Office Address:	Enter Florida street address				
			Florida <sup>33432</sup>		
		#6  Boca Raton, FL 33432  102 NE 2ns ST  #6  Boca Raton, FL 33432  #6  Boca Raton, FL 33432  *** OFF STATION  ** OFF STATION  *** OFF STATION  ** OFF STATION  *** OFF STATION			
New Registered Agent's Signature, if changing				f 1.1 .1	
I hereby accept the appointment as register	ea agent and agr	ee to act in this capacil	y, i juriner agree to comp	iy with the	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Erick Aguilar	102 NE 2nd ST #6	
		Boca Raton, FL 33432	□ Remove
		<del></del>	Change
MGR	Daniela Pavon	102 NE 2nd ST #6	Add
		Boca Raton, FL 33432	Remove
			Change
			☐ Remove
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			Add
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ote: If the d	e, if other than the is listed, the date in late inserted in this fective date on the	block does not	meet the app	licable statutor	ng or more than ry filing require	(optiona 90 days after filir ements, this da	l) ng.) Pursuant to o te will not be l	605.02 isted a
	pecifies a delay day after the re			not an effec	tive time, a	t 12:01 a.m	ı. on the ea	rlier
ted	July	3.0	. 201	¥-2-				
			و الميسر المراح					
		Signature of a	member or a	ithorized represe	entative of a mer	nber		•

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Filing Fee: \$25.00