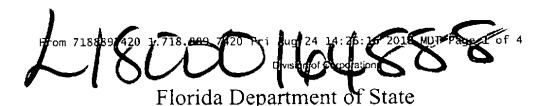
8/24/2018



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC Account Number : 075350000353 Phone : (800)221-2972 : (888)692-9256 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_ (1) LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STARBAR MIAMI LLC Certificate of Status 0 0 Certified Copy 01 Page Count \$25.00 Estimated Charge K. SALY AUG 27 2018

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South A Land Control of the Control

(Name of the Lim	ied Liability Comp	ny as it now annears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L18000164888	•		and assigned
This amendment is submitted to amend the fol	lowing:		
L. If amending name, enter the new name (of the limited liai	ollity company here:	
n/a			
he new name must be distinguishable and contain the	words "Limited Liab	lifty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n/a	. <u>. </u>
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		n/a	
Mailing address MAX BE A POST OFFICE BOXI			
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered o Mice address he	Mee address on our records, <u>er</u> Y:	iter the name of the
			
New Registered Office Address:		Enter Florida street address	
		Florida	
		City	Zip Code

New Registered Agent's Signature, If changing Registered Agent:

OTADDA-Missillo

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 AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MARK SPREIZER	4317 S.W. 125th Lane, Miramar, FL 33027	■ Add
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Dective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	be specific and cannot ack does not meet ti	os be prior to d he applicable	ete of filing c statutory f	or more than 9	(options 0 days after fili ments, this da	ng.) Pursuunt to	605.0207 (3)(b) listed as the
record specifies a delayed The 90th day after the reco	effective date, and is filed.	but not a	n effectiv	e time, at	12:01 a.m	i. on the ea	eriler of:
AUGUST 24	, 20	18					
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7	Signature of a member	tr of authorize	TO LE DLE REUIT	natu e io aven	OC!		

Page 3 of 3

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