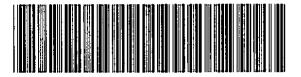
418000172497

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	:y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
	,
Certified Conies	Certificates of Status
Seruiled Copies	
Special Instructions to	Filing Officer:
	51 w/26
	510/

Office Use Only



300391962893

09/11/22--01009--022 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: STARLIFE	STYLE100 L.L.C.	•	•
JOBECT.		ited Liability Company .	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Coeffee Nugart		
	Geoffery Nugent	Name of Person	
	STARLIFESTYLE100		
		Firm/Company	
	2822 54th Avenue South		<u> </u>
		Address	
	Saint Petersburg, FL 3371		<u> </u>
		City/State and Zip Code	
	starlifestyle100@gmail.com E-mail address: (n to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Geoffery Nugent		at (727) 400-2479	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
E 323.00 1 ming 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	: <u>s:</u>	Street Address:	
Registration S		Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	-
Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARLIFESTYLE 100 L.L.C.

2022 AUG | | PH 2: 30

(Name of the Limited	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
(A	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 7/17/2018	and assigned
Florida document number L18000172497		
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET.	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
B. If amending the registered agent and/or reg	rictored office address on our records el	ater the name of the new regis
B. If amending the registered agent and/or the new registered office address		neet the name of the new regar
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip 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 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>	Name	Address	Type of Action
AMBR	Geoffery Nugent	1401 66TH AVE SOUTH	
		ST PETERSBURG, FL 33705	■Remove
			□Change
AMBR	Geoffery Nugent	2822 54TH AVENUE SOUTH	
		SAINT PETERSBURG, FL 33712	Remove
			Remove
			Change
			Remove
			□Change
			□ Add
			□Remove
			Change
			Change

-			<u></u>		
				<u></u> . <u>-</u>	
		<u> </u>			
				<u> </u>	
-	 ,,,,				
			<u> </u>		
		 -			
<u></u>		 		<u> </u>	
		 _			
					
		· · · · · · · · · · · · · · · · · · ·			
Factive date if other:	than the date of filing:			(optional)	
an effective date is listed, th	e date must be specific and ca	innot be prior to date	of filing or more than	90 days after filing.) Pu	rsuant to 605.0207
	in this block does not mee		atutory filing requir	ements, this date wil	I not be listed as
ocument's effective date	on the Department of Stat	te s records.			
record specifies a delaye is filed.	d effective date, but not an	n effective time, at	12:01 a.m. on the e	arlier of: (b) The 90	Ith day after the
is med.					
. August 0		2022			
ated August 9	<u> </u>				
	Get Mary	N			
 	Signature of a me	mber or authorized	epresentative of a mer	nber	<u>.</u>
	•		-		
Geoffery Nuge	ent				
		yped or printed nam	e of signee		