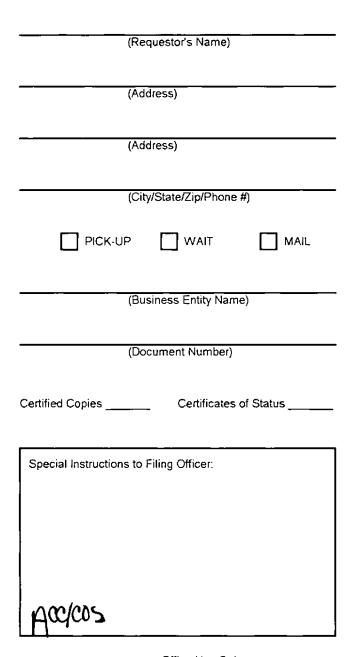
## L18 000 233 583



Office Use Only



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SECRETARY OF STATE CORPORATIONS

122052

## **COVER LETTER**

TO: Registration Se Division of Co	SBLE STAR REAL ESTATE LLC  Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  prespondence concerning this matter to the following:  Mark Leśniak  Name of Person  YOURNEWYORKCOUNSEL  Firm/Company  228 Park Avenue, S 75988  Address		
DOUBLE	STAR REAL ESTATE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mark Leśniak		
		Name of Person	
	YOURNEWYORKCOUN	ISEL	
		Firm/Company	<del></del>
	228 Park Avenue, S 75988	3	
	4. <u> </u>	Address	
	New York, NY 10003		
	<del></del>	City/State and Zip Code	
	mark@yournewyorkcounse		
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please o	all:	
Mark Leśniak		786 202-0530	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	XX \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810
i ananassee,	1 6 34314	24 LJ IV. IVIONIC	oc succi, sunc 610

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLE STAR REAL ESTATE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	<del>)</del>
	wwere filed on 10/02/2018	and assigned
lorida document number L18000233583		
his amendment is submitted to amend the following:		
Articles of Organization for this Limited Liability Company were filed on 10/02/2018 and assigned da document number L18000233583 amendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." or new principal offices address, if applicable:  cipal office address MUST BE A STREET ADDRESS)  The rew mailing address, if applicable:  ling address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
Principal office address MUST BE A STREET ADDRESS)		***
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
<del></del>	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PEREZ, ANA MARIA T	COLINAS DE BELLO MONTE, ARAUCA	🗆 Add
		EDF RIO AR. CARACAS, DF 01050 VE  Change  Add  Remove	■Remove
			□Change
			□Add
			□Remove
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If an effective date is Note: If the date i	fother than the date of filing:	.020 ed as
document's effecti	tive date on the Department of State's records.	
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
rd is filed.		
September	21 2022	
Dated		
,		
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00