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(Re	equestor's Name)	<u>_</u> _
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## **COVER LETTER**

TO: Regis Divisi	tration Section of Corp	tion orations		
	STAR PA	INTING CREW LLC		
SUBJECT: _		Name of Limit	ed Liability Company	<u> </u>
The enclosed A	Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return a	ill correspoi	ndence concerning this matter to	o the following:	
		CARLOS PEREZ		
			Name of Person	
		CPEREZ PROFESSIONAL	, SERVICES INC.	
		4343 W WATAERS AVE	Firm/Company	温温
			Address	FB 2
		TAMPA FL 33614		ANASSEE A
		CPEREZPROSVCSINC@C		II: 08
		E-mail address: (t	o be used for future annual report notif	ication) F
For further in	formation c	oncerning this matter, please ca	ill:	
CARLOS PE	EREZ		813 249-2300 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Unclosed is a	check for the	he following amount:		
≅ \$25.00 F		☐ \$30.90 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations Box 6327 passee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 STAR PAINTING CREW LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000250465</u>	any were filed on 10/24/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
7 STAR CONSTRUCTION PAINTING CREW LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our rec here:	ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		. Florida
<del></del>	City	Zin 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. Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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10/24/2018 fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
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	d representative of a member

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Filing Fee: \$25.00