

L18000287915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

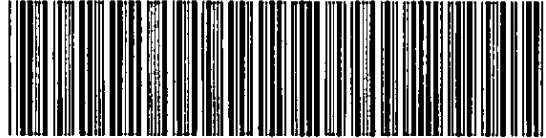
(Business Entity Name)

(Document Number)

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12/27/22--01009--001 **25.00

2022 DEC 27 PM 1:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Star Property Care, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott E. Hall
Name of Person
All Star Property Care, LLC.
Firm/Company
395 Golf Brook Circle, Apt. #105
Address
Longwood, Florida 32779
City/State and Zip Code
propertyrepairs929@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott E. Hall at (407) 919-3482
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUN 27 11:11:52

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All Star Property Care, LLC

(Name of the limited liability company as it now appears on our records.)
(A Florida limited liability company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2018 and assigned
Florida document number L18000287915

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jennifer Stevenson-Hall

New Registered Office Address:

395 Golf Brook Circle #105

Enter Florida street address

Longwood

City

Florida

32720 32779

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.

Jennifer Stevenson-Hall
If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 21st, 2022

Scott E. Hall

Signature of a member or authorized representative of a member

Scott E Hall

Typed or printed name of signee

Filing Fee: \$25.00