## L18000291171

Office Use Only



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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

OFFICE KITCHOUSE.	y Realty Star, LLC		<del>çi</del> i.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Dominique Premilien		
		Name of Person	
	<del></del>	Firm/Company	<del> </del>
	3123 Blakely Dr		
		Address	
	Orlando		
	FI 32835	City/State and Zip Code	
For further information c	E-mail address: ( concerning this matter, please co	to be used for future annual report notifi all:	cation)
Dominique Premilien		321 2845701 at ( )	
Name o	of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle

Tallahassee, FL 32301

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

AMENDMENT	
-	خد
	**************************************
ľ	
	s.)
ıy aş it now appears on our record	<u>ls.</u> ) %
iability Company)	· · · · · · · · · · · · · · · · · · ·
were filed on 12/19/2018	and assigned
lity company here:	
ity Company," the designation "LLC	" or the abbreviation "L.L.C."
fice address on our record	s, enter the name of the new
Enter Florida street addre	<u></u>
	l <b>orida</b> Zip Code
C.1.,	13.p 0
	urther agree to comply with the
	fice address on our record

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>	<u>Address</u>	Type of Action
vp	premilien gladjina	3123 blakely dr, orlando, fl 32835	
<u> </u>	<del> </del>		
			■ Remove
			Change
mgr	premilien dorothic	3123 blakely dr. orlando. fl 32835	
	·		
			= Remove
			Change
AMBR	premitien karl-aldo	3123 blakely dr, orlando, fl 32835	
	<del></del>		■ Remove
			Change
			Add
			□ Remove
		<del></del>	□ Change
			Add
		<del></del>	Remove
			Change
			Add
			☐ Remove
		-	☐ Change

	<u> </u>
Liffaz	tive date, if other than the date of filing: (optional)
(If an c <b>Note</b>	ffective 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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	June 4. 2019.
	this thull.
	Signature of a member or authorized representative of a member
	• ( )
	Dominique Remilien

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Filing Fee: \$25.00