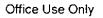
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COVER LETTER

Attila Yildiz 786 333-3727 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	Divi:	sion of Cor	porations		
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: Lorena Fumagalli Name of Person Miami Starr Property Management LLC Firm/Company 8661 NE Miami Ct Address EI Portal FL 33138 City/State and Zip Code attilaoyildiz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Attila Yildiz Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	SHR IFCT:				
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Lorena Fumagalli Name of Person Miami Starr Property Management LLC Firm/Company 8661 NE Miami Ct Address El Portal FL 33138 City/State and Zip Code attilaoyildiz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Attila Yildiz 786 333-3727 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escion Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certificate Of Status Certificate Opy (additional copy is enclosed)	The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
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MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Starr Property Management LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A PR	atoa Chined Tability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L19000009934		and assigned
This amendment is submitted to amend the following	Ç.	•
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	St	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	Xip Code
	Cin.	ing court

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 a 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Attila Yildiz	8661 NE Miami Ct	⊟ Add
		El Portal FL 33138	
		-	☐ Remove
			Change
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E. Effective date, if other than the date of filing:	unt to 605.0207 (3) of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	e earlier of:
Dated 6/13/2019	
Signature of a member or authorized representative of a member	
Lorena Fumagalli	
Typed or printed name of signer	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00