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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STARLIGHT PRODUCTS 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: ,
Aaron Feibush Name of Person
Starlight Products LLC
4101 Pine Tree Dr., #1605
Miani Beach, FL 33/40 City/State and Zip Code info & starlight products 1/c occom E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Agron Feibush at 305, 504-5232 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARLIGHT PR	
(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L19000016951</u> .	were filed on January 15, 2019 and assigned
Florida document number <u>L19000016951</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4101 Pine Tree Drive, # 1609
(Principal office address MUST BE A STREET ADDRESS)	Miani Beach, FL
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u> :
registered agent and on the new registered	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

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
IANAGING NEMBER	Aaron Feibush	4101 Pine Tree Drive, #	1605 □ Add
		Miami Beach, FL	Remove
		33140	Change
			Add
			☐ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
(If an effective	date, if other than the date of filing:(optional) we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: oth day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member A real Feibush Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00