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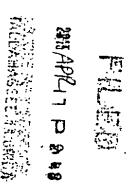
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Creation	s LLC		
Name of Limited Liabi	lity Company		
and fee(s) are submitted fo	or filing.		
rning this matter to the fo	llowing:		
Dhadia Ma	entreuil		
Starlite C	reations		
40 Tamia	mi Trail Address	# 496674	
et Chaelot	HE FL 3	3952	
Phte Cizeatic E-mail address: (to be used	on \$3 @ 9 m	ort notification)	
s matter, please call:			
.i.\	ut (<u>941</u>) <u>3)(</u> Area Code	3-2355 Daytime Telephone Number	
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	Name of Limited Liabiliand fee(s) are submitted for eming this matter to the forming this matter to th	Firm/Company HD Tamiami Thail Address DEL Chaelotte, FL 3 City/State and Zip Code Plite areation = 3 @ g m E-mail address: (to be used for future annual representation) s matter, please call: at (941) Area Code Area Code 1 \$55.00 Filing Fee & icate of Status Certified Copy	Name of Limited Liability Company and fee(s) are submitted for filing. Prining this matter to the following: Dhadia Mentreuil Name of Person Starlite Creations LLC Firm/Company HD Tamiami Trail # 49 (4074) Address Pet Chaelotte, FL 33952 City/State and Zip Code Pelite Creations 3 Damail Com E-mail address: (to be used for future annual report notification) s matter, please call: at (941) at (941) This please call is at (941) The pl

MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Starlite Cizeations (Name of the Limited Liability Compa (A Florida Limited L	LLC EN ES
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ay as it now appears on our records.) منيا منك تنبية المنطقة
The Articles of Organization for this Limited Liability Company	were filed on 4/4/17 Pand as signed
Florida document number 700327507737	
	ALLANAS SERVICIONA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	3740 Tamiamis Trail
(Principal office address MUST BE A STREET ADDRESS)	# 496674 Post Onarlotte, FL 33952
	Post Onarlotte, FL 33952
Enter new mailing address, if applicable:	3740 Tamiami Trail
(Mailing address MAY BE A POST OFFICE BOX)	# 49/0674
	Port charlotte, FL 33952
	•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here	<u>e</u> .
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	270 · 1
	, 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	performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	provided for in Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	address, racrety confirm that the annied morally

If Changing Registered Agent, Signature of New Registered Agent

	
(If an et Note:	tive date, if other than the date of filing:
	cord 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.
Dated	
	Signature of a member or authorized representative of a member
	Dhadia Montreeuil
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00