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## **COVER LETTER**

то		gistration Sect rision of Corp					
CIT	ВЈЕСТ:		ery & Boutique, LLC				
30	DJECT.		Name of Limi	ted Liability Company	· · · · · ·		
The	enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.			
Plea	ase returi	all correspond	dence concerning this matter t	to the following:			
			Gerardo Rodriguez-Albizu				
				Name of Person			
Rodriguez-Albizu Law, P.A.							
Firm/Company							
759 SW Federal Highway, Suite 203							
Address							
			Stuart, FL 34994				
			<del> </del>	City/State and Zip Code			
			grodriguez@ralawpa.com				
			E-mail address: (t	o be used for future annual report notif	ication)		
For	further i	nformation cor	ncerning this matter, please ca	dl:			
Gerardo Rodriguez-Albizu			1	772 261-5080			
		Name of I	Person	at () Area Code Daytime	: Telephone Number		
Enc	:losed is	a check for the	following amount:				
	\$25.00 I	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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Star Art Gallery & Boutique, 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 April 9, 2019 and as Florida document numberL19000097696	ssigned
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	LL.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 registered agent and/or the new registered office address here:  Name of New Registered Agent:	of the
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 to act in this capacity. I further agree to com provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w	

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.

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>	Address	Type of Action
MGR	Thomas Burch	3750 SE Ocean Boulevard	
		Stuart, FL 34996	□ Remove
			Change
		-	Add
			Remove
		<del>-</del>	Change
		<del>_</del>	
			□ Remove
			Change
		<del></del>	
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		<del></del>	Change
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tote: If the occument's e record The 90th	f specifies a del			ot an effectiv	ve time, at 12	::01 a.m. on t	he earlier c
Note: If the comment's erecord The 900	i specifies a del th day after the	e record is filed	. · · · · · · · · · · · · · · · · · · ·		ve time, at 12	:01 a.m. on t	he earlier c

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