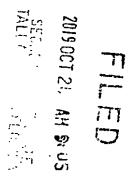
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COVER LETTER

TO:		ation Sec n of Corp	ction porations	ž.	••
SUBJE			F7LLC		
SODJE.	.cr		Name of Lim	ited Liability Company	
The enc	closed Art	ticles of z	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all	correspoi	ndence concerning this matter	to the following:	
			ALEJANDRO FONTALVO		
			STAR PRO F 7 LLC	Name of Person	
			643 SANDY RIDGE DR	Firm/Company	
			DAVENPORT, FL 33896	Address	
			ALEJANDROFONTALVO@	City/State and Zip Code ME.COM	
			E-mail address: (to be used for future annual report notific	ation)
For furt	her infor	nation co	oncerning this matter, please co	ull:	
ALEJANDRO FONTALVO				786 626-8689	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a che	ek for the	e following amount:		
■ \$25	.00 Filing	g 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 PRO F 7 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 05/17/2019 and assigned 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 "LLC." 643 SANDY RIDGE DR Enter new principal offices address, if applicable: DAVENPORT, FL 33896 (Principal office address MUST BE A STREET ADDRESS) 643 SANDY RIDGE DR Enter new mailing address, if applicable: DAVENPORT, FL 33896 (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 of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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	NINOTSCHKA U MONTES DE OCA	8133 NW 68TH ST	☐ Add
	OLIVER	MIAMI, FL 33166	LI Aug
		·	■ Remove
			□ Change
			Add
			□ Remove
			Change
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effective date is !! If the date	f other than the d s listed, the date must be inserted in this block tive date on the Dep	be specific and c ck does not mo	cannot be prior t eet the applica	o date of filing or ble statutory fil	more than 90 day	(optional) is after filing.) Pur is, this date will	suant to 605.026 not be listed a
	cifies a delayed y after the recor		ate, but not	an effective	time, at 12	:01 a.m. on I	:he earlier o
остове d	R 21		2019				
	1 0	· ·		_ ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00