190001300100

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500329983095

2019 MAY 29 AM 9: 39

APPROVED

T GLASS MAY 3 0 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 780285 8273005			
AUTHORIZATION: Circle Consumer 1			
COST LIMIT : \$ 25.00			
ORDER DATE: May 24, 2019	7 - 7 - 7		
ORDER TIME : 9:39 AM			
ORDER NO. : 780285-001			
CUSTOMER NO: 8273005			
		20 9	
DOMESTIC AMENDMENT FILING			
NAME: 3 STARS REALTY LLC		29 // 9:39	TILED
EFFECTIVE DATE:			
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			

EXAMINER'S INITIALS:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 STARS REALTY LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L19000130060	pany were filed on 05/14/2019	and assigned
- · · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "I.,I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
		- 1111 22 -
Enter new mailing address, if applicable:	27 Meliowood Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Brampton, ON L6P2P2 Canada	9 [7
		့ ထု
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the new
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 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

Title	<u>le Name</u> <u>Address</u>		Type of Action
			Add
			□ Remove
		-	□ Change
			Remove
			Change
<u>_</u>			
			□ Remays
			Dichange Alichange Alichange Fillion Alichange F
			LI KemoVe
			: ⇔ : ⇔ Change
			Add
			□ Remove
		~	□ Change
			D Add
		-	□ Remove

		 -		
				
		<u> </u>	i201	
			2019 MAY	
		· · · ·	29	
		- , ;	ħ.	ט <i>י</i>
		7; - ;	ب وي	
· TO CC				
(If an e <u>Note</u>	(optional) ffective date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	rsuant to not be	605.020 listed a	17 (3)(b) s the
2) Ine	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a 90th day after the record is filed.	the ea	rlier o	ıf:
	May 24, 2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00