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COVER LETTER

SUBJECT:	Star - Lite Name of Limit	Recently LLC ed Liability Compan)	·; <u></u>
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for tiling.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Franklin, Star	Name of Person Life Realty Firm/Company	I LLC
	400 Capital	Circle SE Ste	1815 ³
		City/State and Zip Code Ly D g mail. COP be assed for thouse annual report notific	32301 n
For further information co	oncerning this matter, please cal	11:	
Franklin Name of	Joseph D. III	at (<u>850</u>) <u>325</u> Area Code Daytime	D884 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section Division of Corporations

> 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 - Life Route Liability Company as it now appears on our records.)
(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000137439</u> .	were filed on $05/03/2019$ and assigned
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(1)
	<u></u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being 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 rovided 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 adde or removed from our records:

MGR = Mi $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Franklin, Joseph D. III	1407 Wekewa Nere Tallahassee, FL 3230	∠_□ Add
		Tallahassee, FL 3230	<u>L</u> □ Remove
			₩ Change
AMBR	Stallworth, Stella	400 Capital Circle St	C □ Add
	18153	□ Remove	
		Tallahasseo, FL 3230	21 □ Change
			□ Add
			□ Remove
			□ Change
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			Remove
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			□ Add
			Remove
			Change
			
			□ Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
	
(If an el <u>Note:</u>	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:
Datec	Sept. 3, 2019
	Mignature of a member or authorized representative of a member
	Toseph D. Franklin III. Typedfor printed name of Signee

Page 3 of 3

Filing Fee: \$25.00