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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





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SECRLIARY OF STATE
ALL ARASSEE, FLORIDA

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COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT:	Real Estate t	toldings LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	patric	LH-TYTTINGE Name of Person	
		Firm/Company	
	_305 NE 2nd	AVE # 104	
	Derray B Just mebille	City/State and Zip Code Where a gmull converse to be used for future annual report notified.	<u></u>
For further information cor	ncerning this matter, please ca		icanon)
Tustine Name of 1	Billunter Person	at (<u>954</u>) <u>552</u> Area Code Daytime	E 47 6 Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{-190084902}$.	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Star Real Estate Hi	oldings, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	305 NE 2nd AVe
(Principal office address MUST BE A STREET ADDRESS)	#104
	Delray Beach, Fr 33444
Enter new mailing address, if applicable:	305 NE 2nd Are H104 DESMY Brack FC 33444
(Mailing address MAY BE A POST OFFICE BOX)	4104
	Delray Beach, FL 33444
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	FALL SE
Name of New Registered Agent:	2
New Registered Office Address:	Enter Florida street address
	Florida F
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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Įf ame	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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If an effe Note:	we date, if other than the date of filing: OS U 20 9 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P If the date inserted in this block does not meet the applicable statutory filing requirements, this date with the seffective date on the Department of State's records.		
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	the (earlier of:
Dated ₋	August lie 2019		
	Signature of a member or authorized representative of a member		
	Paral H. Tyrance Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00