L19000184902

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT:	Star Rec Name of Lim	LESTATE HOLDING	S. L.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	•
Please return all corresp	ondence concerning this matter	to the following:	
	Ju	Stru Bulante Name of Person	
	Tyrance or	thopedics & Sports	medicine
	1160 81	PWLN. Address	
	Lake wo	m FV 33H61 City/State and Zip Code	
	E-mail address: (hne buyante oand to be used for future annual report noti	fication)
For further information	concerning this matter, please co	ail:	
Just Name	100 BUUNE	at (<u>951</u>) <u>5528</u> Area Code Daytim	476 e Felephone 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 Addro Registration Division of 6 P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Star Real F (Name of the Limited Liat (A Flor	state Holdings, ILC ity Company as it now applears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>19000184402</u>	Company were filed on 7/18/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li AVASTAT REAL E	State Hd duys LLC itted Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PR 30 PH 1: 37
B. If amending the registered agent and/or register agent and/or the new registered office address here	d office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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 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
Mar	Justine Bulante	1100 Sepia Ln. Lake worn +	32461
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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		- -	□Remove
			□ Change
			🗀 Add
			□Remove
			ClC bange

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Note: If the date in	other than the date of filing:
record specifies a d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 210 2020
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00