LI9 000 186 706

(Re	questor's Name)
(Add	dress)
(Add	dress)
(City	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
	Q. SILAS
	MAY 1 2 2022
	5/3/22

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SECRETARY OF STATE



RECEIVED

2022 MAY -3 PM 1:07

SECICIONAL SINTE TALLAHASCEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2022

CARMEN N. REGALADO 6685 MIAMI LAKEWAY S. MIAMI LAKES, FL 33014

SUBJECT: ORESTES REGALADO JR. LLC

Ref. Number: L19000186706

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 722A00009541

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Five Stars Pro	operties Group, LLC
Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this management of the concerning the second of the concern	natter to the following:
(Ocesto Ragiado
	Orestes Regalado Name of Person
<u>Five</u>	Stars Properties Group LLC Firm/Company
<u>lole85 Mi</u>	ami Laterway 5. Address
	Lakes, FL. 33014 City/State and Zip Code
Five St	ress: (to be used for future annual report hotification)
For further information concerning this matter, ple	ease call:
Carnen Regalade Name of Person	at (786) 223-3414 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327	The Country of the Co

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ILED

Oresles	Regalad	o Jy. LL C PM 5: 19 The state of the state
(Name of the Limited (A	<u>Liabiriy Compan</u> Florida Limited L	iability Company) TALLAHASSEE EI
The Articles of Organization for this Limited Liabi	ility Company v	a = a = a
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited ljabi	lity company here:
Five Stars Properties The new name must be distinguishable and contain the word	5 (0 up s "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	Orestes Regalado Jr. 161085 Miam, Laluway S. Miami Lalus, Fl. 33014
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Same as a bove
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office a <u>aere</u> ;	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	<u>Orester</u>	S Regalado St. Miami Lakway S. Enter Florida street address
New Registered Office Address:	10485	Miami Lakway 3. Enter Florida street address
	Miami L	al45 Florida 33014 Zip Code
N. D. Carlotta Cianatura if changing Re-	pistered 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
MGR	Orestes Regaladost.	101085 Miami Lakeway S.	@Xdd
		Miami Lalus, Fl. 33014	□Remove
			Change
A MBR	Carmen Regalado	6685 Miami Lakeway S.	🗆 Add
	J	Miami Lake, FL 33014	🗆 Remove
			🖸 Ćhange
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			🗖 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change

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(If an effe Note: I	re date, if other than the date of filing: April 28,2052— (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.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ne record ord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member ('a men N. Regalado Typed or printed name of signee