## 119000207309

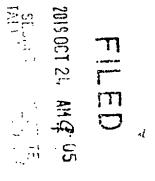
	(Requestor's Name)		
	(Address)		
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	(City/State/Zip/Phone #)		
PICK-UI	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJE	STAR PRO	O AF LLC		
SUBJE		Name of Lim	ited Liability Company	
The enc	dosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		ALEJANDRO FONTALVO		
		STAR PRO F 7 LLC	Name of Person	
		643 SANDY RIDGE DR	Firm/Company	
		DAVENPORT, FL 33896	Address	
		ALEJANDROFONTALVO@		
			to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ea	all:	
ALEJA	NDRO FONTAL	.VO	786 626-8689	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	i.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)
		ING ADDRESS:	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## STAR PRO AF LLC

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

(A Fiorida Linned)	training Company)			
ne Articles of Organization for this Limited Liability Company were filed on and assigned orida document number L19000207309				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	643 SANDY RIDGE DR			
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL 33896			
Enter new mailing address, if applicable:	643 SANDY RIDGE DR			
(Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT, FL 33896			
	70 20 V			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the-new			
Egoretea agent annot the new regimerea office address ner				
Name of New Registered Agent:				
New Registered Office Address:				
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 agr 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 provided 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	NINOTSCHKA U MONTES DE OCA OLIVER	8133 NW 68TH ST	
	<u> </u>	MIAMI, FL 33166	
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an effective date is listed, the date inserted in the date inserted in the date inserted in the date i		he applicable statutory fili	(optional) more than 90 days after filing.) Pursua ng requirements, this date will no	
	delayed effective date, the record is filed.	but not an effective	time, at 12:01 a.m. on the	e earlier of:
OCTOBER 21	A 20	19		
<b>→</b> √	Church			
		er or authorized representativ	a at a manhar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00