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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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OCT 22 2019 S. YOUNG

COVER LETTER :

| TO: Registration Sec Division of Corp | porations | | |
|--|--|---|---|
| SUBJECT: | Ve Star Name of Limi | Electrical ited Liability Company | LLC |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspor | ndence concerning this matter | to the following: | |
| | David | Name of Person | <u></u> |
| ÷ | 854 8 | | |
| | Chiple Fivestare E-mail address: (1) | The Code Code Code Code Code Code Code Cod | Samail.com |
| For further information co | ncerning this matter, please ca | | |
| Oavid Name of | Person | at (850) 326 Area Code Daytime | 7-1495 Telephone Number |
| Enclosed is a check for the | e 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

| Dand Pop End (Name of the Limited Liability Co (A Florida Limi | mpany lis it now appears on our reco | rds.) |
|--|--------------------------------------|---------------------------------------|
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L19600ススタリザ</u> リ | pany were filed on9 10 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited Five Star Electrica The new name must be distinguishable and contain the words "Limited I | u LLC | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 5) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | rds, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street add | lress |
| | | Florida |
| | 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 |
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| fan ef <u>Note:</u> | ive date, if other than the date of filing: |
| ie rei The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | 10/22/19 |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00