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2019 OCT -7 AM ID: 09
SECRETARY OF STATE
TALLAHASSEF FINATE

OCT 25 2019

## **COVER LETTER**

SUBJECT: STAR	Beite MJC/C Name of Limit	1+cn + FILE PROCH led Liability Company	ing LC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Stephani	Name of Person	<u> </u>
		Firm/Company	<u> </u>
	III Beictell	Ave # 2325 Address	
	Miami FL,	33131 City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifica	tion)
For further information cor	ncerning this matter, please ca	A:	
Stephanic Name of F	C DIGZ Person	at ( <u>305</u> ) <u>379 - S</u> Area Code Daytime To	5069 elephone 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

TO:

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

Star Brite Insula	HICH & FILE O lity Company as it now appea la Limited Liability Company)	RCCAING LLC  urs on our records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L19000 236318</u> This amendment is submitted to amend the following:	Company were filed on	and assigne	:d
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		designation "LLC" or the abbreviation "L.L.C."	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2019 OCT - TALLLAND	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address or dress here:	n our records, enter the name of the	TI BO
New Registered Office Address:	1 TO		
Tata Medianes Olling Light 200.	Enter Flo	orida street address	
	City	, Florida 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
ALR	ALE RE SERVICES UC	3162 commodore Par	<u>C</u> □ Add
		COCONUT GROVE, FL 33133	Remove
			□ Change
AR	Alexandro Hoyos	3162 Commodore Plaza	<b></b> Add
		COCONUT GROVE, FL 33133	Remove
			Change
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ated	10/3/10	<u> </u>		$\overline{}$			
	-	Signature	of a member or auth	norized represe	ntative of a membe	<u></u>	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00