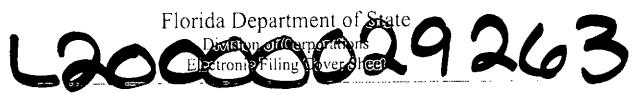
Page:

03/21/2022 10:07 AM TO:18506176383 FROM:3215598192

Division of Corporations 3/21/22, 11:32 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000104163 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

**Enter the	email a	address	for this	business	entity	to be	used for	future
annual	report	mailing	gs. Ente	r only one	e email	addres	s please.	**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GUIDE STAR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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Help

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Page: 6 03/21/2022 10:07 AM TO:18506176383 FROM:3215598192

H22 000 204 2633

COVER LETTER

	Corporations
GUIDE SUBJECT:	STAR LLC Name of Limited Liability Company
	Name of Limited Captility Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Maria C Sousa
	Name of Person
	Sousa & Associates Inc
	Firm/Company
	5728 Major Blvd Ste 309
	Address
	Orlando , Florida 32819
	City/State and Zip Code
	info@sousaacc.com
	E-mail address: (to be used for tuture annual report notification)
For further information	on concerning this matter, please call:
Maria C Sousa	407 \$00-7028 a: ()
Nar	ne of Person Area Code Daytime Telephone Number

Page: 7 03/21/2022 10:07 AM TO:18506176383 FROM:3215598192

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GUIDE STAR LLC			
(Name of the Limited Liah (A Flori	nility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L20000029263</u>	Company were filed on 01/23/2020	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
Ferraz Investments Group LLC			
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the abbu	viation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	ered office address on our records, <u>enter the name</u> <u>e</u> :	of the new regis	E 2022 HAR
New Registered Office Address:		<u> </u>	2
	Enter Florida street address	——————————————————————————————————————	PM
_	, Florida	Zip Code::: : =	- લ ્ગ
New Registered Agent's Signature, if changing Registe	ered Agent:		5
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registerompany has been notified in writing of this change.	ent and agree to act in this capacity. I further agre d complete performance of my duties, and I am fa d agent as provided for in Chapter 605, F.S. Or, ij tered office address, I hereby confirm that the limi	mutar wun and Uhis document	í

If Changing Registered Agent, Signature of New Registered Agent

Page:	.8	03/21/2022	10:07 AM	TO:18506176383	FROM: 3215598192
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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□ □ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
	,		[]Add
			[]Remove
			Change
			CJAdd
			□Remove
			☐ Change

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Page: -9 03/21/2022 10:07 AM TO:18506176383 FROM:3215598192

		Monach	
Pated March 17	2022	······	
record specifies a delayed effective is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earl	er of: (b) The 90th day after the
iote: If the date inserted in this blocument's effective date on the D	ock does not meet the application	able statutory filing requirem	ents, this date will not be listed as
ffective date, if other than the an effective date is listed, the date mus	date of filing:	to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0207
	·		
	Later -		
	, , , , , , , , , , , , , , , , , , , ,	1.200	

Typed or printed name of signee

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