Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN START PLUS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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| MD/14/2020 | 1D:22 | 3002201440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

START PLUS LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records,) ity Company)		
The Articles of Organization for this Limited Liability Company were	e filed on April 27, 2020	and assigned	
Florida document number L20000114043			
This amendment is submitted to amend the following:		· · ·	
A. If amending name, enter the new name of the limited liability	company here:	,	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or to	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
•			
		2020 SEC!	
Enter new mailing address, if applicable:		CORP.	
(Mailing address MAY BE A POST OFFICE BOX)		Y	
		<u> </u>	
	·	70 2 111	
B. If amending the registered agent and/or registered office addr	ess on our records, enter the	name of the new regis	
agent and/or the new registered office address here:		နိုက် တို့ သ	
Name of New Registered Agent:			
New Registered Office Address:			
·	Enter Florida street address		
	, Floriida		
	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 wit, 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 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

RY

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

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Action
AMBR	RAYDALIS MORALES	10046 SW 162 PATH	
,		MIAMI, FLORIDA 33196	□Remove
MGR RAYDALIS MORALES	RAYDALIS MORALES	10046 SW 162 PATH	□ Add
		MIAMI, FLORIDA 33196	Remove
			□Change
MGR	RAYDALIS MORALES, SR	10046 SW 162 PATH	□Add
		MIAMI, FLORIDA 33196	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		☐ Change	
		□Add	
		□Remove	
		□Add	
		□Remove	
			☐ Change
			∩Add
		□ Kemov	