(Re	equestor's Name)		
(Ad	dress)			
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(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP	WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO:

Registration Section

Divisio	n of Corp	porations					
State		sociates LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all	correspoi	idence concerning this matter	to the following:				
		Angel L. Rodriguez Santiago					
			Name of Person				
		Starlight Associates LLC					
			Firm/Company				
		58 NE 14th St Apt 1724					
			Address				
		Miami, FL					
			City/State and Zip Code				
		33132					
		E-mail address: (to be used for future annual report notif	ication)			
For further infor	mation co	ncerning this matter, please ca	all:				
Angel L. Rodriguez Santiago		267 7096844 at ()					
Name of Person			: Telephone Number				
Enclosed is a cho	eck for the	e following amount:					
■ \$25.00 Filin	g 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)			
Regist Divisio P.O. B	z Address ration So on of Co Sox 6327 assec, F	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TARE OF STATE

Starlight Associates LLC

21 MAR 16 PM 4: 09

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

The Articles of Organization for this Limited Liability Company Florida document number L20000179836	were filed on June 26, 2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	58 NE 14th St Apt. 1724			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL			
	33132			
Enter new mailing address, if applicable:	58 NE 14th St. Apt. 1724	-		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33132			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>ento</u> Enter Florida street add			
	. Florida			
	Cuy	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	Address	21 MAR 16 PH 4: 09	Type of Action
MGR	Omar Villalba	1250 S Miami A	ve. Apt. 3103	≡ Add
		Miami, FL		□Remove
		33130		_
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
		-		□Add
		-		□Remove
				□ Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change

Typed or printed name of signee