L2000188700

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	NOV 2 1 20	22

Office Use Only



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RECEIVED

FLORIDA CAPITAL COURIER SI 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	ERVICES, INC
Please use funds from this account Authorization Signature: Star Credit LLC Business	
Walk in Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of C _X Certificate of Status	Organization
NEW FILINGS Profit Not for Profit Limited Liability Domestication LLLP CORP	AMMENDMENTS _X_Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion AFFIDAVID BY FOREIGN CORP
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Statement of Partnership Reinstatement
APOSTIL	Other

EXAMINER'S INITIALS:

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Please use funds from this account: 120210000160 Amount: \$ 30.00_ Jan Gellin Authorization Signature: Star Credit LLC L2000188700 **Business** Document # Walk in Pick up time____ Will wait ___ Mail out ___ Photocopy Certified Copy of Articles of Organization X Certificate of Status **AMMENDMENTS NEW FILINGS** Profit X Amendment ____Not for Profit Resignation of R.A. Officer/Director

Change of Registered Agent

AFFIDAVID BY FOREIGN CORP.

Dissolution/Withdrawal

Merger

Conversion

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Statement of Partnership
Fictitious Name	Reinstatement
APOSTIL	Other
Country	

EXAMINER'S INITIALS:

_ _Limited Liability

Domestication

___LLLP __CORP

COVER LETTER

TO:	Registration Sec Division of Cor			
SUDIE	Star Credit			
SUBJE	CT:	Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		Malik E Henry		
		-	Name of Person	·
		Star Credit LLC		
		, , , , , , , , , , , , , , , , , , , ,	Firm/Company	
		66 W Flagler St		
			Address	
		Miami/ FL/ 33130		
			City/State and Zip Code	
		malik@mystarcredit.net		
		E-mail address: (t	o be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Malik H	enry		315 7623727 at ()	
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Star Credit LLC

(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	were filed on 10/28/2022	and assigned
Florida document number L2000188700		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Star Capital Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	4737 N Ocean Dr #1055	
(Principal office address MUST BE A STREET ADDRESS)	Lauderdale By The Sea, FL 33308	
Enter new mailing address, if applicable:	4737 N Ocean Dr #1055	
(Mailing address MAY BE A POST OFFICE BOX)	Lauderdale By The Sea, FL 33308	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street address	
	, Florida	
	City Z.	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if th	iar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

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	Type of Action
			□Add
			□ Remove
			□ Change
			🗆 Add
			Remove
			□ Change
			🗀 Add
			□ Remove
		 	□Change
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			□Remove
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	10/28/2022
if an effec	e date, if other than the date of filing:
	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
docume	it seriective date on the Department of State 3 records.
	- it is a delivered effective date but not an affective time at 12:01 a me on the applier of the. The 00th day after the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
e record rd is file	
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