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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Ascending Star Homes, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Cornelius Name of Person Ascending Star Homes, LLC Firm/Company 4300 N. University Dr. Suite F-100 Address Lauderhill FL, 33351 City/State and Zip Code ascendingstarhomesllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Cornelius Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ascending Star Homes, LLC

2022 OCT -3 AM 8: 11

(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 9/11/2020 and assigned Florida document number 1.20000301486 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_ Cin

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Christopher Cornelius	Christopher Cornelius	4300 N. University Dr.	□Add
		Suite F-100	□Remove
		Lauderhill FL, 33351	<b>≅</b> Change
			[]Add
			□ Remove
		☐ Change	
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Effect	rive date, if other than the date of filing: (optional)
If an cf Note:	five date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	rd 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
rd is fi	led.
~ .	September 29 2022
Dated	
	Signature of a member of arthorized representative of a member
	Christopher Cornelius
	Typed or printed name of signee

Filing Fee: \$25.00