## 420000322169

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DIVISION OF CHARLES

## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations	•	
eun wer	K STAR A	GENT LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		KRISTI STARNIERI		
		-	Name of Person	<u> </u>
		K STAR AGENT LLC		
			Firm/Company	
		116 2ND AVE S 208		
			Address	<del></del>
Name of Person  K STAR AGENT LLC  Firm/Company  116 2ND AVE S 208  Address  JACKSONVILLE BEACH, FL 32250  City/State and Zip Code  KSTARNI12@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KRISTI STARNIERI  Name of Person  Area Code  Daytime Telephone Number of Section of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified				
				tification)
For further in	nformation c	oncerning this matter, please c	all:	
KRISTI ST.	ARNIERI			
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 1	Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				ection
Di		Corporations		orporations
	J. Box 032 Hahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Star Age	ent ILC	
(Name of the Limited Liabibly (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L20000322169	ompany were filed on 10/12/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22 27
(Principal office address MUST BE A STREET ADDRI	<u> </u>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter new mailing address, if applicable:		<u>다 원인</u> 그 개설이
(Mailing address MAY BE A POST OFFICE BOX)		38 SEE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		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, 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	K STAR AGENT	116 2ND AVE S 208	□Add
		JACKSONVILLE BEACH, FL 32250	■Remove
			□ Change
MGR	KRISTI L STARNIERI	116 2ND AVE S 208	■Add
		JACKSONVILLE BEACH, FL 32250	□Remove
			Change SEC
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			□Add
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e: If the date inserted in this block does runent's effective date on the Department	not meet the applicable of State's records.	le statutory filing re	quirements, this dat	e will not be l	isted a
·					
cord specifies a delayed effective date, but	t not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day a	fter the
s filed.					
ed	2022				
·- <del></del>	<u> </u>				

Typed or printed name of signee