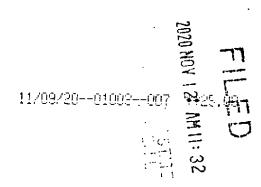
120000332783

(Requ	restor's Name)	
(Addi	ess)	
(Addr	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer;	<u>.</u>

Office Use Only



700354827057



RECEIVED

100 1 1 3 m23

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<u></u>			
STARLIGHT GUITA	ARWORKS, L	LC		
		<u> </u>		
			_	
				Art of Inc. File
			1	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	•	·		Courier

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
C11D 157		uitarworks LLC		
SUBJEC	LI:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		Jennifer O. Bacmeister		
			Name of Person	
		Starlight Guitarworks		
			Firm/Company	
		12302 Del Rio Dr.		
			302 Del Rio Dr. Address cksonville, Florida. 32258	
		Jacksonville, Florida. 3225	58	
			City/State and Zip Code	i
		E-mail address: (to be used for future annual report not	ification)
For furt	her information of	concerning this matter, please c	ali:	
Jerry B	Bacmeister Fr		904 553-8220	
Name of Person		at ()	ne Telephone Number	
Enclose	d is a check for t	the following amount:		
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	ss: Section	Street Address: Registration Se	ection
	Division of (Corporations	Division of Co	rporations
	P.O. Box 63:	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starlight Guitarworks		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L20000332753	were filed on 10 /20/20	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:		Ap Code
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capaci performance of my du provided for in Chapte	ties, and I am familiar with and r 605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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	<u>T</u>	Type of Action
MGR	JERRY BACMEISTER JR.	12302 DEL RIO DR		_ ≣ Add
		JACKSONVILLE, FL 32258		_ □Remove
•				_
MGR ———	JENNIFER O. BACMEISTER	12302 DEL RIO DR		□Add
		JACKSONVILLE, FL 32258		□Remove
			. :	Change 2020
			200 200 200 200	7020 AM In 32
				□Add
				□Remove □Change
				□Add
				□Remove
				☐ Change
-				□Add
			<u> </u>	□Remove
				□Change

			·			
	·					
					·····	
	<u> </u>	<u>. </u>				
				<u></u>		<u></u>
			.,		<u></u>	
		<u></u>				
		····				2 02
			······································			2020 HOV
					 	2
					17.6	
						=======================================
					,#2; 	32
Effective date, if oth If an effective date is liste Note: If the date inse document's effective	d, the date must be spe ted in this block do	cific and cannot be prices not meet the appli	or to date of filing or cable statutory fili	(opti more than 90 days afte ng requirements, thi	r filing.) Pursuant	to 605.020 be listed a
ne record specifies a de ord is filed.	ayed effective date.	but not an effective	time, at 12:01 a.m	, on the earlier of: ()	b) The 90th do	iy after the
Dated	ber	2020	·			
		0 3	ar media horized representation	Yen.		

Filing Fee: \$25.00