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A. RIVERS

[JAN 1 3 2023]



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AND AND COME TO SEE

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Star 5 Name of Limit	Remodeling ited Liability Company	<u>, LCC.</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Estrella	Name of Person	
	Star's	Remodeling Firm/Company	), ((C
	1214 Highu	New Rd Address	
	Conto	City/State and Zip Code	33469
	Stars (E-mail address: (I		Denail. com
For further information c	oncerning this matter, please ca	all:	
Shella	L. Merch20	at (561) 785	5-4639
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starts	s Rema	deling			
(Name of the Limit	ted Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited L	iability Company	were filed on <u>63,69.</u> 2	<u>}</u>	and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company here:			
NIA					
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the designation "LLC" or t	the abbrevia	ation "L.	IC."
Enter new principal offices address, if applic	cable:	AIU			
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	BOX)				
					~
B. If amending the registered agent and/or in Agent and/or the new registered office addre		ddress on our records, enter the	name of	the nev	v registerec
agent and/or the new registered office addre	ss nere.			130	<u> </u>
Name of New Registered Agent:	Alls		$\frac{1}{2}$	24	1
	-1~11		.713	产工	1 : 1
New Registered Office Address:	-	Enter Florida street address	<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ </u>	<del></del>	<u> </u>
			905	10	
		, Florid		n 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 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	Type of Action
AMBR	Barbaro JOSP	Landon a FLA 33462	_ EAdd
	ES+eve C	Lanton a FUA 33462	□Remove
			□Change
	·		□Add
			□Remove
		<del></del>	Change
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ective	date, if other than the date of filing: (optional)
n effecti	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
is riteu.	
	NA, $NA$ .
	NA, NA.
is thed.	Signature of a member or authorized representative of a member