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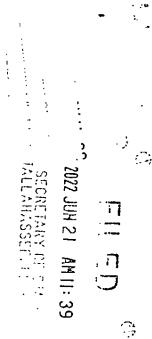
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COVER LETTER

TO: Registration Section

Division of Corporations .			
SUBJECT:	Peaches MGMT, LL	.C	
		f Limited Liability Company	
7%	la de la constanta de la const	La transfer	
The enclosed Artici	les of Amendment and fee(s) ar	e submitted for filing.	
Please return all cor	rrespondence concerning this m	natter to the following:	
		Sharon Anderson	
	-	Name of Person	
		Firm/Company	
		3200 N. Ocean Blvd, # 80	2
		Address	
		Fort Lauderdale, FL 3330	08
		City/State and Zip Code	
	E-mail addr	shander@bellsouth.net ress: (to be used for future annual report not	ification)
For further information	tion concerning this matter, plea	•	
<u>Sha</u> ror	n Anderson	at (954) 258-381	8
N	aine of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
☼ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of State		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	
	ion Section of Corporations	Registration Se Division of Cor	
P.O. Box	6327	The Centre of T	
Tallahass	see, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	ϵ_{i}
2022 JUN 21 AH 11: 39	
SECRETARY AFT 11:39	

Peaches MGMT	LLC	TALLAH SAY OF &	7 · 39 7 ·
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on od Liability Company)	our records.)	 .
The Articles of Organization for this Limited Liability Compared Florida document numberL21000116138	ny were filed on March	n 11, 2021 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		
Starlyn, LLC The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designa	ation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	is, enter the name of the	new registered
Name of New Registered Agent:			- ·
New Registered Office Address:			
	Enter Florida sti	eet address	
	City	, Flo rid a Zip Co	

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
		. 	□Change
			□Add
			□Remove
			□Change
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			Remove
			□Change

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Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00