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(City/State/Zip/Phone #)

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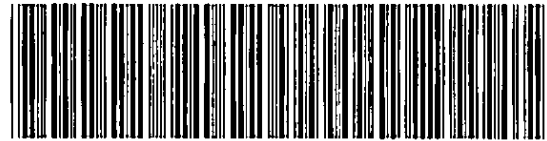
(Business Entity Name)

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21 NOV -5 PM 1:39

T. MATTHEWS

NOV 15 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Belstar Property Management LLC.

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:

Andrew Barbar

Name of Person

Firm/Company

2424 N Federal Hwy Ste. 150

Address

Boca Raton, FL 33431

City/State and Zip Code

abarbar@kw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Barbar

561 703-0838
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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

Belstar Property Management LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/18/2021 and assigned Florida document number L21000127819.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2424 N Federal Hwy Ste. 150

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33431

Enter new mailing address, if applicable:

625 Scalofis Dr. Unit 102

(Mailing address MAY BE A POST OFFICE BOX)

Boynton Beach, FL 33426

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:

Name of New Registered Agent:

Andrew Barbar

New Registered Office Address:

2424 N Federal Hwy Ste. 150

Enter Florida street address

Boca Raton, FL

Florida 33431

City

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.

DocuSigned by:

Andrew Barbar

D4D5ECFCEA264FF...

If Changing Registered Agent, Signature of New Registered Agent

In 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>	<u>Type of Action</u>
AMBR	Gabriela Beltran	625 Sealofts Dr. Unit 102	<input type="checkbox"/> Add
		Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maximilian Stalinski	625 Sealofts Dr. Unit 102	<input type="checkbox"/> Add
		Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ramona Barbar	2424 N Federal Hwy Ste. 150	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 1, 2021

DocuSigned by:

Andrew Barbar

Signature of a member or authorized representative of a member

Andrew Barbar

Typed or printed name of signee