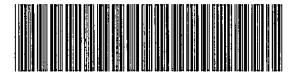
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OIVISION OF CORPORATIONS

22 APR 12 PM 12: 21

T. MATTHEWS APR 2 9 2022

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
STAR 35 F	OODS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BERK ERGUC		
		Name of Person	
	STAR 35 FOODS LLC		
		Firm/Company	
	405 15TH ST		
		Address	<del></del>
	MIAMI BEACH, FL, 3313	39	
		City/State and Zip Code	<del></del>
	ergucberk@gmail.com		<del>7</del>
		to be used for future annual report noti	ncation)
For further information c	oncerning this matter, please ca	all:	
BERK ERGUC		786 3571505 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION FILED STATE OF STATE OF CORPORATIONS

STAR 35 FOODS LLC

22 APR 12 PH 12: 21

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

The Articles of Organization for this Limited Liability Compa	any were filed on 03/22/2021	and assigned	
Florida document number 1.21000133525			
This amendment is submitted to amend the following:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	ce address on our records, <u>enter th</u>	ne name of the new registered	
apent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Flor	ida 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	BERK ERGUC	405 15TH ST MIAMI BEACH, FL, 33139	□ Add
			□Remove
			Change
AMBR	BERK ERGUC	405 15TH ST MIAMI BEACH, FL, 33139	
			□Remove
			□Change
MGR	BERTAN ERGUC	405 15TH ST MIAMI BEACH, FL, 33139	■Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□ Change
			□Add
			□Remove
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ick does not meet the applicab	date of filing or more than 90 le statutory filing requirer	(optional) days after filing.) Pursuant to 605 nents, this date will not be liste	i.0207 ed as
	date, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	r the
is filed.				
is filed.		-·		
PM		zed representative of a member	<u>ver</u>	