

L21000139425

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SECRETARY OF STATE
TALLAHASSEE, FL

AB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prostar Hospitality Solutions 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:

Kira DeValle

Name of Person

Prostar Hospitality Solutions LLC

Firm/Company

1848 Shore Dr S Apt 203

Address

South Pasadena, FL 33707

City/State and Zip Code

kira@prostarhs.com

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

For further information concerning this matter, please call:

Kira DeValle

831 334-7405

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**

Prostar Hospitality Solutions LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/24/2021

Florida document number L21000139425

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1848 Shore Dr S Apt 203

South Pasadena FL, 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1848 Shore Dr S Apt 203

South Pasadena FL, 33707

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:

Kira DeValle

New Registered Office Address:

1848 Shore Dr S Apt 203

Enter Florida street address

South Pasadena

, Florida 33707

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.


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>	<u>Type of Action</u>
MGR	Tater Salad LLC	1848 Shore Dr S Apt 203	<input type="checkbox"/> Add
		South Pasadena, FL 33707	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kira DeValle	1848 Shore Dr S Apt 203	<input checked="" type="checkbox"/> Add
		South Pasadena, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nikki M Tarter	3430 Martell st	<input type="checkbox"/> Add
		New Port Richey, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		\	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am familiar with and accepts the obligation
of the position.

-Kira DeValle


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 December 23rd, 2024



Signature of a member or authorized representative of a member

Kira DeValle

Typed or printed name of signee

Filing Fee: \$25.00