L21000295871

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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PICK-UP WAIT MAIL
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(Business Entity Name)
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(Dogwood Niveber)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only

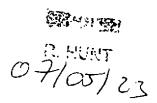


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INLLAMASSEE, FL



COVER LETTER

TO: Registration S Division of Co		* ,			
Micheline SUBJECT:	PB1975 LLC				
	Name of Li	mited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
	ondence concerning this matte	_			
	Micheline Pascal-Byard				
		Name of Person			
	7901 4th Street N STE 30	Firm/Company	STORY OF STREET		
	St. Petersburg, FL 33702	Address	PH 9: 16 SSEE/FL		
	themailman7@gmail.com	City/State and Zip Code			
For further information o	E-mail address: (concerning this matter, please o	to be used for future annual report not all:	tification)		
Micheline Pascal-Byard		727 \$04-7940			
	of Person		ne Telephone Number		
Enclosed is a check for t	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee. FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHELINEPB1975 LLC (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 Company were filed on 06/01/2022 and assigned Florida document number $\frac{L21000295871}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Micheline 12 Star LLC 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) Ú٦ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(option ore than 90 days after figure (option) ore than 90 days after figure (option) or this control of the co	lina) Due	suant to 605,020 not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of is filed.	on the earlier of: (b)	The 90t	h day after the
ated June 16th 2023			