

LR1000343 664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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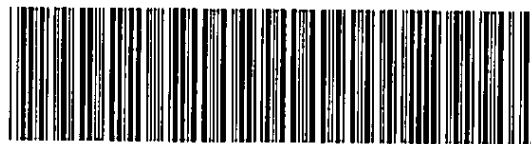
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
SOUTH DAKOTA
SIOUX FALLS

A. BUTLER

NOV 22 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**
Five Star Preferred LLC

SUBJECT: _____
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:

Veronica Ford

Name of Person

Five Star Preferred

Firm/Company

475 SE 1st Street Apt 607

Address

Pompano Beach, FL 33060

City/State and Zip Code

livestarpreferrdlla@gmail.com

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

For further information concerning this matter, please call:

Veronica Ford

786 606-7902

Name of Person at (_____) _____
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**

FILED

Five Star Preferred LLC

2021 NOV -9 PM 12:35

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

(A Florida Limited Liability Company)

STATE OF FLORIDA
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 07/29/2021 and assigned
Florida document number 87-1932109

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)

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:

Veronica Ford

New Registered Office Address:

475 SE 1st Street Apt 607

Enter Florida street address

Pompano Beach

City

Florida

33060

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

[illegible]

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

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.

Dated November 05
11/05 2021

Veronica M. Favel
Typed or printed name of signee