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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2021 OCT 12 AM 9: 05 SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: COO	Stal Star Name of Limi	Creations ted Liability Company	, LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Heath	Name of Person	14e
	Coastal?	Star Croati	ons LLC
	2757 NO	everland Dr Address	<u>.</u>
	New Sor	On Seculo City/State and Zip Code	56 9000; 1. CAM
	COCS+C/S) E-mail address: (1	to be used for future annual report not	ification) Processing (1), Com
For further information co	oncerning this matter, please ca	att:	
Heather Name o	Arguette Person	at (33) 75 C Area Code Daytin	ne 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)

TO:

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

(A Florida Limited Liability Company)



The Articles of Organization for this Limited L	iability Company were filed on <u>5001. 27, 202</u> and assigned
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registered</u> ess here:
Name of New Registered Agent:	Heather Arquette
New Registered Office Address:	2757 Neverland Dr. Enter Florida street address
	New Sony Coa Beachyorida 32168 Zip Code
N 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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>		Address	Type of Action
MGZ	Heath	er Arguetl	le 2757 Neverland I	X 15 Yala
			New Songrow Beach,	Remove
			FL 32168	Change
				□ Add
				□Remove
				□Change
				□Add
				□ Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□ Change
				□Add
				□Remove
				Change

	
	
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(If an effective Note: If	e date, if other than the date of filing:
the record cord is filed	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 1.
Dated (Signature of a member or authorized representative of a member
	Heather Dravette Typed or printed name of signee

. . .

Filing Fee: \$25.00