## L22000026263

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SECAL TARY OF STATE

A. BUTLER FEB 2 1 2022

## **COVER LETTER**

TO: Registration S Division of Co			
LITTLE S SUBJECT:	STAR WORLD LLC		
SUBJECT:	Name of Limit	ted Liability Company	·•
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	ROSALBA CORRALES		
		Name of Person	
	416 CYPRESS LN	F4rm/Company	
		Address	
	PALM SPRINGS FL 3346		
	ROSYKEVIN99@GMAIL.	City/State and Zip Code COM	
	<del>-</del>	to be used for future annual report not	ification)
For further information	n concerning this matter, please co	all:	
ROSALBA CORRAL	ES	561 7688493	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Add		Street Address:	ection
Registratio	n Section f Corporations	Registration Se Division of Co	
P.O. Box 6	<del>-</del>	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LITTLE STAR WORLD LLC

(Name of the Limited Liability Company as it now appears on our records? FEB - 9 PH 4: 31

The Articles of Organization for this Limited Liabi	ility Company were	filed on 01/11/2022	SECRETAR TALLAH	OF STATEd
Florida document number L22000026263		_		ACUL, FL.
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liability o	ompany here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Co	mpany." the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<del></del>	<del></del>
B. If amending the registered agent and/or registered affice address l	istered office addre here:	ess on our records, <u>s</u>	enter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street	address	
			_, Florida	Zip Code
		City:		Zip Code
New Registered Agent's Signature, if changing Regard I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the region of the change in the region of the change in the region.	agent and agree to and complete perf ered agent as prov gistered office add	ormance of my duti ded for in Chapter	es, and I am fo 605, F.S. Or, i	imiliar with and if this document is

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
AMBR	ROSALBA CORRALES	416 CYPRESS LN	<b>=</b> Add
		PALM SPRINGS FL 33461	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
		<del></del>	Change
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ffective date, if other than the an effective date is listed, the date is loserted in this ocument's effective date on the	nust be specific and cannot be block does not meet the	e prior to date of filing o applicable statutory fi	r more than 90 days after fili ling requirements, this da	ng.) Pursuant to 605.0207 (
record specifies a delayed effect is filed.	tive date, but not an effec	tive time, at 12:01 a.i	m. on the earlier of: (b)	The 90th day after the
Pated 02/03	, 2022	·		
	1 X I	or authorized representa		