

h22 000036036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

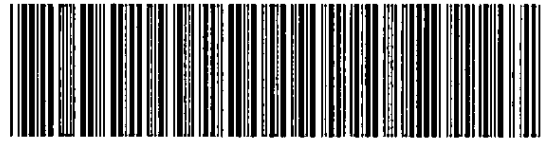
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300387022283

05/18/22-101000--001 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL 18 PM 3:02

T. MATTHEWS

JUL 25 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JUL 18 PM 2:57

SECRET  
TALLAHASSEE, FL

July 11, 2022

MICHAEL ROFAIEL  
13234 HATHERTON CIR  
ORLANDO, FL 32832

SUBJECT: STARPHILLY, LLC  
Ref. Number: L22000036036

We have received your document for STARPHILLY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 122A00015388

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STARPHILLY,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:

Michael Rofaie

Name of Person

STARPHILLY,LLC

Firm/Company

13234 HATHERTON CIR

Address

Orlando , Florida 32832

City/State and Zip Code

michael\_foru@hotmail.com

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

For further information concerning this matter, please call:

michael rofaie

Name of Person

at ( ) 9513804233

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  
SECRETARY OF STATE  
DIVISION OF CORPORATION

22 JUL 18 PM 3: 02

STARPHILLY, 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 01/19/2022 and assigned  
Florida document number L22000036036.

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: Michael Rofaiel

New Registered Office Address: 13234 Hatherton cir

*Enter Florida street address*


Orlando, Florida 32832-6178

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ashraf Soliman	208 PLUMOSO LOOP	<input type="checkbox"/> Add
		Davenport	<input checked="" type="checkbox"/> Remove
		FL33897	<input type="checkbox"/> Change
AMBR	Rafik Rezkalla	3326 RED ASH CIR	<input checked="" type="checkbox"/> Add
		OVIEDO	<input type="checkbox"/> Remove
		FL32766	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

06/03/22 2:00 PM  
Michael Rofaie  
Signature of a member or authorized representative of a member

Typed or printed name of signee