## 12200001683

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Starbright SUBJECT:	Property, LLC		
30bjr.C1.	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of	'Amendment and fee(s) are sul	omitted for tiling.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Lie Fa. Lo	
		Name of Person	
		Starbright Property LLC	
		Firm/Company	
9760 SW 184 ST. # C6			
		Address	
		Cutler Bay, FL 33157	
		City/State and Zip Code	
		leemiami21@gmail.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please of	all:	
Lie Fa,	Lo	786 2479472	
Name e	of Person		ne Telephone Number
Enclosed is a check for the	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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starbright Property LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Feb. 4, 2022 The Articles of Organization for this Limited Liability Company were filed on Florida document number \_L22000061683 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." 9760 SW 184 ST, # C6 Enter new principal offices address, if applicable: Cutler Bay, FL 33157 (Principal office address MUST BE A STREET ADDRESS) 9760 SW 184 ST, # C6 Enter new mailing address, if applicable: Cutler Bay, FL 33157 (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: 9760 SW 184 ST, # C6 New Registered Office Address: Enter Florida street address , Florida 33157 Zip Code Cutler Bay City

## 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
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		<del></del>	□ Remove
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Donald DeAngelis (Mgr)		
9760 SW 184 ST # C6		
Cutler Bay, FL 33157		
Lie Fa Lo (Mgr)		2025
9760 SW 184 ST # C6		2022 HAY -2
Cutler Bay, FL 33157		2
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tive date, if other than the offective date is listed, the date must. If the date inserted in this bloment's effective date on the Dep	se specific and cannot be prior to date of filing or maked the applicable statutory filing the second secon	(optional) nore than 90 days after filing.) Pursuant to 605, ag requirements, this date will not be liste
rd specifies a delayed effective led.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
April 25	2022	
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Filing Fee: \$25.00