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(Reque	stor's Name)	
		<u>-</u>
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docum	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	





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3-9-22 - Mag

COVER LETTER

SUBJECT: STOY !!	Mame of Lim	ited Liability Company	
	unendment and fee(s) are sub-	-	
	Waylon C	Starling & Kin	nberly Starling
	Starling Soli	otions uc	
	3961 Nashvi	Me W Address	
	Waylon Sta	FL B4288 City/State and Zip Code Sing @ Stasling Sca to be used factuture annual report notific	lutions LLC. Com.
For further information co	ncerning this matter, please ca		
Waylon Star Name of	Person 9	at (941) 479 - 1 Area Code Daytime	631 Telephone Number
Enclosed is a check for the	following amount: S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•••			

TO:

Registration Section **Division of Corporations**

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

(Name of the Limited Liability (A Florida Li	Company as it now appears of mited Liability Company)	1 our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L220000</u> 72920	npany were filed on <u>()2</u>	- 14-2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	rds, enter the name of the new registered
and the new regimered office address here.		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Starling Solutions IIC.

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 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
MGR	Waylon Starling	39161 Nachville LN North	Port FL3428 Add
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			Change
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ffective date, if other an effective date is listed, tote: ote: If the date inserted ocument's effective date	he date must be specifi d in this block does i	ic and cannot be prior (not meet the applica	to date of filing or mo		ling.) Pursuant to 605.0
record specifies a delayous filed.					The 90th day after
ned February	23°cl	2022_			
	Signature	Devly Ster	Vived representative of	f a member	
	~		med repaired	r a memoer	