h22000078348

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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22 APR -6 PM 1: 29

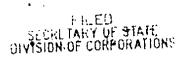
T. MATTHEWS APR 2 1 2022

COVER LETTER

TO: Registration Se Division of Cor					
	5 STAR REVIEWS LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	·		
Please return all correspo	ondence concerning this matter	to the following:			
	Daniel Baird				
		Name of Limited Liability Company rets) are submitted for filing. this matter to the following: Name of Person Firm Company Loop Address L 33837 City/State and Zip Code @gmail.com and address: tto be used for future annual report notification) ter, please call: at (
		Firm Company	-		
	2030 Camden Loop				
		Address			
	Davenport, FL 33837				
		City/State and Zip Code			
	bairdrealtyteam@gmail.com				
For further information of	e-man address; of	·	ouncation)		
Daniel Baird					
Name o	f Person	Area Code Dayı	ime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Address Registration			Section		
Division of C		-			
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR -6 PH 1: 29

WE LOVE 5 STAR REVIEWS 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 2/17/2022	and assigned
Florida document number L22000078348		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" 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 a agent and/or the new registered office address here: Name of New Registered Agent:		r the name of the new registered
New Registered Office Address:	Enter Florida street addr	ess
	, I	lorida
New Registered Agent's Signature, if changing Registered Agent:	Ciţv	zip Crae
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAN TRISTER	52 GLENWOOD AVENUE	UAdd
		DEMAREST, NJ 07627	Remove
			□Add
			□Remove
		<u> </u>	□Change
			Remove
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			□ □Remove
			□Remove
			□ Remove
			□Change

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fan effecti <mark>Note:</mark> If t	ve date is listed, the date inserte	ed in this block d	occific and cannot oes not meet the	be prior to date of i	iling or more that tory filing requi	(optional) 190 days after fili rements, this da	ng.) Pursuant to 605	5 0207 ed as
locument	's effective da	te on the Departi	nent of State's i	records.				
	a and Carrier and Autor	and afterior large	. had azit an affi	ective time, at 12	an a near the	andiae of the	The QOth day after	u the
d is filed.		D.G	e, nut not an ene	ective time, at 12	or a.m. on me	carrier or, 107	The John day and	.i uic
Dated	3-3	\	2	022.	/			
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		Signa	pare or a mamber	or romboursen relat	escinaire autom	COOCI		
				•		aird		

Filing Fee: \$25.00