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22 APR 21 PH 4: 02

T. MATTHEWS JUN - 3 2022

COVER LETTER

STARFELT MALE FEC SUBJECT: Name of Limited Fiability Company	
Name of Limited Fiability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ABDRU REHMAN	
Name of Person	
STARLET MALLELC	
Firm Company	
7901 4111 S1, N ST1, 7190	
Address	All and the second discount from the first through the second through
ST PEH RBURG FLORIDA 33702	
City/State and Zip Code arsalfarooq1433,a gmail.com	
l-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please call:	
Abdul Rehman 307 21857	727
Name of Person at () Area Code	Daytime Telephone Number
I aclosed is a check for the following amount:	
T \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy tadditional copy is enclosed)

TO:

Registration Section

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 SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22.4PR 21 PH, 4= 02

STARLET MALL 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 FEBRUARY 21, 2022 and assigned Florida document number 122000083878

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 "LLC"

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new 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:

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
AMBR	ABDUT REHMAN	7901 4TH ST. N STE 7190 ST. PETERBURG, FL.	
			IZRemove
			_ TiChange
			ZAdd
			T Remove
			II. Change
			Add
		TRemove	
			_ = Change
			ZAdd
			_ T.Remove
			I .Change
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<u>vote:</u>	ive date, if other than the date of filing:
recor Lis ti	d 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 led.
int I	03 23 2022
aica	
aica	Signature of a member or authorized representative of a member