# K22000113063

(Reque	estor's Name)	
(Addre	ss)	<del></del>
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(City/S	tate/Zip/Phone	#)
PICK-UP	(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  rtified Copies Certificates of Status	
(Busin	ess Entity Nam	re)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only

A. RIVERS

JAN 2 4 2023



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### **COVER LETTER**

## Registration Section Division of Corporations

Sing Star, I  JECT:	LLC		
	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
ase return all correspo	ondence concerning this matter t	o the following:	
	A. Nicole Weaver		
		Name of Person	· <u> </u>
		Firm/Company	<del></del>
	154 Lake Villas Drive		
		Address	<del></del>
	Altamonte Springs, FL 327	01	
	Nicole@LegalWeaver.com	City/State and Zip Code	
		be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	II:	
Nicole Weaver		407 536-6889	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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



January 11, 2023

A. NICOLE WEAVER 154 LAKE VILLA DRIVE ALTAMONTE SPRINGS. FL 32701

SUBJECT: SING STAR LLC Ref. Number: L22000113063

We have received your document for SING STAR 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):

The registered agent must sign accepting the designation.

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 823A00000817

2021 J.A. 23 PH 3: 41

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### ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

Sing Star, LLC (Name of the Lin	uited Liability C	omegay is it new groups	S 3.3 o te reporde t			
V2-44-34-34-34-34-34-34-34-34-34-34-34-34-	(A Florica Lin	ompeny is it new 270,21, nited Liability Company.	5 24 75 (1150 11 CS.)			
Articles of Organization for this Limited	Liability Com	pany were filed on $\frac{3.4}{}$	21		and ass	ieaca
ida document number <u>1.22000113063</u>	·					_
amendment is submitted to amend the to	llowing:					
If amending name, enter the new name	of the limited	liability company he	<u>re:</u>			
sic Cubed, LLC						
new name must be distinguishable and contain the	words "Limited	Liability Company," the de	elignation "LLC" or	the abbrevi	ation "L.	I. (' ''
ter new principal offices address, if applicable:		NA	~			
rincipal office address MUST BE A STRE	ET ADDRES.	S)				
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				······································		
ter new mailing address, if applicable:		NA		£1	2023	
ailing address MAY BE 4 POST OFFICE	: <i>BOX</i> )					-11
				>	$\sim$	
					G3	117
If amending the registered agent and/or	registered off	fice address on our re	cords, enter the	name of		्र दृष्टांड <u>ाः</u>
nt and/or the new registered office addr	ess here:			<u></u>	ယ္	•
					<del></del>	
Name of New Registered Agent:	A. Nicole \	Weaver				
New Registered Office Address	154 Lake \	Villas Drive				
		Enter Flori	aa street adaress			· <del></del>
	Altamonte	Springs	Florid	32761		
		City	. 1 :07:10		01	

#### 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 compicant 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 accurage is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited hazard company has been notified in writing of this change.

If Changing Registered Agent, Styleton of New Register on Agent.

ading Authorized Person(s) authorized to manage, enter the title, name, and address of each person person as unusual soved from our records:

= Manager

R = Authorized Member

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