

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813)435-3176  
Fax Number : (813)333-6358

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: NS@NickSpradlin.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**STARSHIP 38, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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2022 MAR 31 PM 4:42

STATE OF FLORIDA  
TALLAHASSEE

2022 MAR 31 PM 3:25

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STARSHIP 38, 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 03/08/2022 and assigned  
Florida document number L22000118621.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1065 SW 8th St

PMB 838

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1065 SW 8th St

PMB 838

Miami, FL 33130

**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 Office Address:

Enter Florida street address

City

Florida

Zip Code

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**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be at least 30 days after the date of filing.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/26/ 2022

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN AUTHORIZED REP. OF A MEMBER

Typed or printed name of signee

**Filing Fee: \$25.00**