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(((H24000194181 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : M&3 INSURANCES PLUS FINANCE SERVICES CORP.

Account Number : I20240000041 Phone

: (407)403-5547

Fax Number

: (321)?56-9178

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5 STARZ SURFACING LLC

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Page Count	01
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Help

K. SALY JUN - 4 2024 To:

COVER LETTER

H24000184646 3

TO: Registration Sc Division of Cor					
CONTRACTO	5 STARZ SURFACING	3 LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MILLIE VARGAS				
		Name of Person			
		Firm Company			
	10 E LAKE ST				
		Address			
	KISSIMMEE FL 34744				
		City/State and Zip Code			
	MJTAXES4YOU@GMAII	COM to be used for future annual report notif	ication)		
For further information e	concerning this matter, please c		icamar)		
MILLIE VARGAS		at () 805-1335 Area Code Daytime			
Name of Person		Area Code Dayting	e 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (subditional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sec	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000194181 3

	TARZ SURFAXING		Sau our escords		
(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 I Florida document number <u>L22000512307</u>	Liability Company	were filed on	2/06/2022 and assigned		
This amendment is submitted to amend the fol	lowing:		<u> </u>		
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company." the de	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	1533 QUINTA RD			
(Principal office address MUST BE A STREE		KISSIMMEE FI	. 34744		
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		address on our records, enter the name of the new regis			
agent and/or the new registered office address Name of New Registered Agent:	ess here:				
	10 E LAKE ST				
New Registered Office Address:		Enter Flor	ido street oddress		
	KISSIMMEE		, Florida 34744 Zip Code		
		City	Zip Code		

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: H24000184646 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AMILCAR I CORTES RIVERA	1533 QUINTA RD	
		KISSIMMEE FL 34744	[7]
			□Change
·			
		· · · · · · · · · · · · · · · · · · ·	S D Charles
			MAD PART C
			Remove □
			□Change
			□Add
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			□ Remove
,			□Change
		**************************************	□Add
			Remove
			□Change

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Filing Fee: \$25.00

Typed or printed name of signee

ANGEL A CORTES RIVERA