

L22000512307

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : M&J INSURANCE PLUS FINANCE SERVICES CORP.
Account Number : I20240000041
Phone : (407)403-5547
Fax Number : (321)256-9178

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

Email Address: _____

2024 JUN -3 PM 1:55
STATE DEPARTMENT OF REVENUE
TALLAHASSEE FLORIDA

FILED

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

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE FLORIDA

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Corporate Filing Menu

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K. SALY

JUN - 4 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000194181 3

5 STARZ SURFAXING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 12/06/2022 and assigned
Florida document number L22000512307.

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: 1533 QUINTA RD
KISSIMMEE FL 34744
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1533 QUINTA RD
KISSIMMEE FL 34744
(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 Office Address: 10 E LAKE ST
Enter Florida street address
KISSIMMEE, Florida 34744
City 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:

H24000184646 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AMILCAR J CORTES RIVERA	1533 QUINTA RD	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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