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PICK-UP	☐ WAIT	MAIL MAIL	
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	ocument Number)		
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Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
J. HORNE			
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Office Use Only



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COVER LETTER

TO:			·	
		MY MKT	SOLUTIONS LLC	
SUBJI	ECT:	Name of Limi	ted Liability Company	-
The en	nclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
	MY MKT SOLUTIONS LLC Name of Limited Liability Company			
	Division of Corporations MY MKT SOLUTIONS LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Dominic Milanese			
		MY MKT SOLUTIONS LLC Name of Limited Liability Company		
	MY MKT SOLUTIONS LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: Dominic Milanese Name of Person MY MKT SOLUTIONS LLC Firm/Company 6430 Hudson Bay Lane Address Lake Worth, FL 33467 City/State and Zip Code Milanesedominic@gmail.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: ainic Milanese Name of Person Name of Person Technology Daytime Telephone Number Dosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy Certified Copy			
			6430 Hudson Bay Lane	
			Address	
			Lake Worth, FL 33467	
			City/State and Zip Code	
			- -	
		E-mail address: (to be used for future annual report not	ilication)
For fu	rther information c	oncerning this matter, please ca	all:	
Domi	inic Milanese		at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for the	he following amount:		
≡ \$:	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MY MKT SOLU			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears hability Company)	on our records.)	,
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	1/30/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
South Star Contracting LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6430 Hudson B	ay Lane, Lake Wo	rth, FL 33467
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6430 Hudson E	Bay Lane, Lake Wo	rth, FL 33467
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	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:

or removed from our records:	-	
MGR = Manager AMBR = Authorized Member		

<u> Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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lote: If the da	, if other than e is listed, the date te inserted in thi ective date on th	s block does no	ot meet the appl	icable statutory	or more than 90 filing requirem	(optional) days after filing.) Pu ents. this date wil	rsuant to 605.0207 I not be listed as t
e record spe The 90th d	ecifies a dela lay after the	yed effective record is file	e date, but r d.	not an effecti	ve time, at 1	l2:01 a.m. on	the earlier of
ated	December ——-	7th	2023				
		Signature of	Ta member or au	thorized represen	lative of a member	 er	
		-		Milanese			

Page 3 of 3

Filing Fee: \$25.00