## L23000075343

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE



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то:	Registration S Division of Co		· •			
	OCEAN S	STAR INTERNATIONAL GRO	PUP LLC			
SUBJE	CT:	Name of Lim	ited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
		TATIANA COLMENARI	es ·			
			Name of Person			
		OCEAN STAR INTERNA	ATIONAL GROUP LLC			
		<del></del>	Firm/Company			
		8954 ALEXANDRA CIRC				
			Address	<del></del>		
		WELLINGTON, FL 3341-	4			
		City/State and Zip Code				
		INFO@BMTAXES.COM				
			to be used for future annual report no	otification)		
For furt	her information	concerning this matter, please ca	all:			
TATIANA COLMENARES		561 229-6501 at ( )				
	Name	of Person		me Telephone Number		
Enclose	d is a check for	the following amount:				
□ \$25	i.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Address: Registration S	ection		
Division of Corporations		Division of Co	orporations			
	P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN STAR INTERNATIONAL GROUP I	LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Cor Florida document number 1.23000075343	mpany were filed on 02/10/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JESUS RICARDO BOCANEGRA	1103 DUNCAN CIRCLE 102	■Add
		PALM BEACH GARDENS, FL 33418	□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
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	07/01/20	23	,		
ective date, if other than the date is listed, the date must b	e specific and cannot be pr	ior to date of filing or	(option more than 90 days after	filing.) Pursuant to 605.	.0207
te: If the date inserted in this block tument's effective date on the Department.			ing requirements, this	date will not be liste	ed as
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ecord specifies a delayed effective of sfiled.	late, but not an effective	e time, at 12:01 a.m	on the earlier of: (b	) The 90th day after	the
July 10	2023				
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Filing Fee: \$25.00