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(Re	equestor's Name)	·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
(3.		· ··,
PICK-UP	MAIT	MAIL
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12/15/23

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Corp	porations			
SUBJECT:	THE LOCA	L AFFORDABLE HANDYM	IAN LLC		
SUBJECT		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Chant Karajian			
			Name of Person		
		10 Stars Property Manager	nent LLC		
			Firm/Company		
		4921 71st Ave North			
			Address		
		Pinellas Park FI 33781			
			City/State and Zip Code		. 2
		manager@10starshomes.co			2023 DEI US GALL
		E-mail address: (to be used for future annual	report notification)	
For further in	iformation co	oncerning this matter, please co	all:		- 1
Chant Karaji	an		844 70 at () !	7-3773	
·	Name of	Person	Area Code	Daytime Telephone Number	0: 18
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certificationsed) Certified	e of Status &
Mai	iling Addres	s:	Street A	ddress:	
Reg	gistration S	Section	Registr	ration Section	
		orporations		on of Corporations	
P.C). Box 632	/	i ne Çe	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
the Articles of Organization for this Limited Liability Conlorida document number	mpany were filed on $\frac{02/21/2023}{}$ and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited	d liability company here:
o change	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	4921 71st Avenue North
Principal Soffice inderess MUST BE A STREET ADDRES	Pinellas Park, FL 33781
nter new mailing address, if applicable:	4921 71st Avenue North Pinellas Park, FL 33781
Mailing address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or registered o gent and/or the new registered office address here:	office address on our records, enter the name of the new regi
Name of New Registered Agent: no chang	ge
New Registered Office Address: 4921 71s	st Avenue North
	Enter Florida street address
Pinellas I	Park, Florida 33781
	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:

MGR = Manager AMBR = Authorized Member

Title	Name .	<u>Address</u>	Type of Action
MGR	The Empire Realty LLP		🗆 Add
		4921 71st Avenue North Pinellas Park, FL 33781	□Change
		_ ·	🗆 Add
			□Remove
			<u>&</u> □Change
			Add :
			Réniove
			Change
			□Add
			□Remove
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an ei lote:	tive date, if other than the date of filing: 11/08/2023 (optional) Sective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 á.m. on the earlier of: (b) The 90th day after thiled.
ated	11/17/2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00