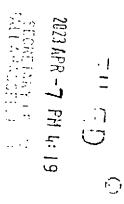
## L23001001039

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
J. HORNE APR - 7 2023
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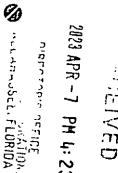
Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
SUBJECT:		cstarr LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		NEAH ATEXIS	3
	The	LOCSTONY LLC Firm/Company	<u> </u>
		NW 6th Ct Address	
		INO BEOCH FL City/State and Zip Code	
		Starragnall C to be used for future annual report not	
For further information co	oncerning this matter, please co	all:	
Neah Name of	Alexis	at ( <u>954)</u> <u>226 -</u> Area Code Daytin	- 8303 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Se	
Division of Co P.O. Box 632		Division of Co The Centre of	•
Tallahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2023 APR -7	2)
	$P_{H}$ .
	Ph 4: 19
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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A 19) ma China	ed Liability Company)		* * * *
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 23000100639</u> .	ny were filed on 03	101/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		rds, <u>enter the name (</u>	
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida :	straat midrass	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agei	•		
I have been seen a second of the second of t		anita I finalian accus	n to gownly with the

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 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	Neah Alexis	2031 NW 6th Ct Pompano Bch, FL 3300	A MAdd
			□Remove
			□Change
<u>AMBR</u>	Nean Alexis	2031 NW 15th Ct Pompano Beach, FL 33009	_ EAdd
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
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locument's effe	is listed, the date e inserted in th	must be specific is block does no	and cannot b	pe prior to dat applicable :	te of filing or statutory fili	more than 90 daing requireme	_ <b>(optional)</b> ays after filing nts, this date	g.) Pursuant to 60	5.0207 ( ted as t
record specifie I is filed.	s a delayed effc	ective date, but	not an effec	ctive time, a	it 12:01 a.m	, on the earlie	er of: (b) Th	he 90th day aft	er the
ated Apr	r. 9th	1/	<u>20</u>	)23					
		/ /			representation	ve of a member			
		o Signature	л а истост (	or authorized	representant	ee or a member			