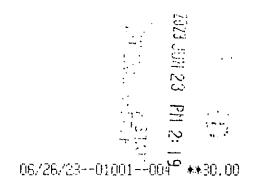
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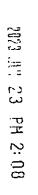
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PICK-UP	□ WAT	MAIL
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: TERRY STAROW 7 Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
TERRY	S)TARAM Name of Person
	Name of Person
	Firm/Company
	Address AUF AT C
ORMOND B	City/State and Zip Code +ARAM (D) G MAIL COM (to be used for future annual report notification)
TERRYS!	+ARAM (D) G.MA/L. CO.M. (to be used for future annual report notification)
For further information concerning this matter, please c	call:
TERRY STARAW Name of Person	at (306) 237 UU UU Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

			t. <u>-</u>
TERRY SITARIM 7 (Name of the Limited Liability Cor	rp UC	2023 JUN 23	_P <u>it-2:-</u> +9
(A Florida Limit	npany as it now appears o ed Liability Company)	in our records.)	
			6.572m
(A Florida Limit The Articles of Organization for this Limited Liability Compa	nny were filed on	-1-23	and assigned
Florida document number <u>[230a0214717</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here	:	
TERRY SITARAN LLC The new name must be distinguishable and contain the words "Limited Li			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		-	
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BOX)			
		· · ·	
D 10 N A A A A A A A A A A A A A A A A A A			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our reco	ords, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	F.,, Pl.,,; I	ı street address	
	Enter r tortaa	i street aaaress	
		, Florida _	
	City	<u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Change
		 	DAdd
			Remove
			□Change

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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
the record secord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
	TERRY SITPROM Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00