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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: STARR Production Entertainment LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raymond Davis Name of Person
STARR Production Entertainment LLC Firm/Company
5386 Silver Star Rd # 315
Ot Ando, 1-1. 32808  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAYMOND DAVID  at (209) 637-859 6  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$\$\$ \text{\$\Bigcup \text{\$Certified Copy (additional copy is enclosed)}}\$\$\$ \text{\$\Bigcup \text{\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 23 (2) 13 74 3143

		, , , , ,
STARR Production	DENTELLA!	When ILC
(Name of the Limited Liability Com (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan		$\frac{4}{203}$ and assigned
riorida document number & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, 10	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	ion "Ll.C" or the abbreviation "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)		
•		
P. If amanding the ungistance agent and/ou registered affice		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	; address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida stre	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>	<u>Address</u>	Type of Action
MANAGER	Raymond Davis	5326 Silver Star Rd. #	2/5 RAdd
			□Change
		<del></del>	□Add
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			□ Change
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lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 11	tive date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
e record d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
Dated _	Dec. 7 . 2023
	Signature of a member or authorized representative of a member
	Kara II Dais
	1/4/1/W/1/4/1/

•

Filing Fee: \$25.00