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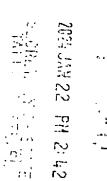
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## **COVER LETTER**

TO:

		STARLIGHT INS	URANCE GROUP LLC					
SUBJECT:		Name of Limited Liability Company						
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return	n all correspor	ndence concerning this matter	to the following:					
		GLO	RIA ELIZABETH FUENTES					
			Name of Person					
				2622 750				
			Firm/Company	JAN 22				
	Closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  GLORIA ELIZABETH FUENTES  Name of Person  Firm/Company  1326 West North Blvd #1  Address  Leesburg, FL 34748  City/State and Zip Code info@starlight-insurance.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  GLORIA ELIZABETH FUENTES  Name of Person  Area Code  Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  S30.00 Filing Fee \$ \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Certificate of Certificate of Status  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee		,					
			Address	2				
				PH 2: 142				
		in	•	111 10				
			•					
For further i	information co	oncerning this matter, please c	all:					
GLO	RIA ELIZAB	ETH FUENTES						
	Name of	Person		e Number				
Enclosed is	a check for the	e following amount:						
\$25.00	Filing Fee		Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Re Di P.G	gistration S vision of Co	ection orporations 7	Registration Section Division of Corporation	ee				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STADI ICHT INSHDANCE CDOUDT LC

(Non-seal Limited Limited Committee			
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L23000251850</u> .	were filed on	05/23/2023	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company her	<u>ē</u> :	
STARLIGHT INSURANCE BROKERAGE FIRM LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			1024
			PA II
			- N
Enter new mailing address, if applicable:			· N :
Mailing address MAY BE A POST OFFICE BOX)	····	<u>D</u>	<u> </u>
		Ţ*·(	4. N. ***
			1 2
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:	***************************************		
New Registered Office Address:	Entur Elonia	la street address	<del></del>
	Enter Pioria	ia sireet daaress	
<del></del>		, Florida	<del>- 11.72</del>
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gloria ELIZABETH FUENTES	1326 West North blvd #1 Leesburg FL 34748	\
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ective da	te. if other th	an the date o	f filing:	05/23/20	)23		(optio	nal)		
effective d	late is listed, the	date must be spec	cific and cann	ot be prior to	iate of filing o	r more than 9	days after f	iling.) Pur	suant to	605.020
		n this block doe on the Departme			e statutory ii	iling require	ments, this	date will	not be	isted a
cord speci s filed.	fies a delayed	effective date,	but not an e	ffective time	, at 12:01 a.i	m. on the ear	lier of: (b)	The 90	th day a	fter the
01/12 ed	V2024									
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