

L23000265137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

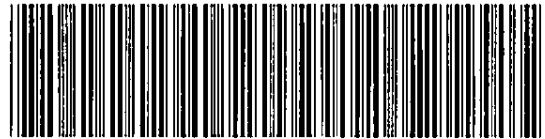
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/04/23--01031--015 **25.00

2023 OCT -4 AM 10:01

A. PARISHANI

OCT 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARR COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO FIGUEIREDO

Name of Person

SOLUTION ADVISING LLC

Firm/Company

5728 MAJOR BLVD, SUITE 609

Address

ORLANDO, FL - 32819

City/State and Zip Code

SERVICES@SOLUTIONADVISING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO

407

286 5595

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2023 OCT -4 AM 10:01

2023 OCT -4, AH10101

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Type of Action</u>
AMBR	ANGELES IZZO LOMBARDI	13560 TURTLE MARSH LOOP ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADD AS A MEMBER: ANGELES IZZO LOMBARDI

EVERYTHING ELSE STAYS THE SAME.

2023 OCT -4 AM 10:01

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

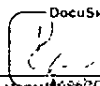
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/27/2023

DocuSigned by:



Signature of a member or authorized representative of a member

Barbara Izzo Lombardi

Typed or printed name of signee