

L23000440693

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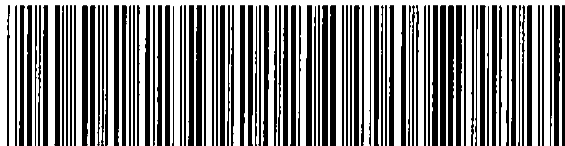
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2023 OCT -5 PM 4:26

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: 3 Stars Irrigation & Plumbing 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:

Gamel A Yunge  
Name of Person

3 Stars Irrigation & Plumbing LLC  
Firm/Company

14719 Woodward Cove Ct  
Address

Winter Garden, Florida 34787  
City/State and Zip Code

Gyunge147@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gamel Yunge at (718) 675-9165 / 347-607-2062  
Name of Person 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

NOV 07 2023

3 Stars Torigation & Plumbing LLC

The Articles of Organization for this Limited Liability Company were filed on 9/16/23 and assigned  
Florida document number 623000440693

# Three Starz Irrigation & Plumbing LLC

**If Changing Registered Agent, Signature of New Registered Agent**

Case	Initial State	Final State	Operation
1	...	...	<input type="checkbox"/> Add
2	...	...	<input type="checkbox"/> Remove
3	...	...	<input type="checkbox"/> Change
4	...	...	<input type="checkbox"/> Add
5	...	...	<input type="checkbox"/> Remove
6	...	...	<input type="checkbox"/> Change
7	...	...	<input type="checkbox"/> Add
8	...	...	<input type="checkbox"/> Remove
9	...	...	<input type="checkbox"/> Change
10	...	...	<input type="checkbox"/> Add
11	...	...	<input type="checkbox"/> Remove
12	...	...	<input type="checkbox"/> Change

**If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**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.

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 11/02/23, \_\_\_\_\_.

x C. Lee

Signature of a member or authorized representative of a member

Gamel A. Youssef

Typed or printed name of signee