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DEPARTMENT OF STATE OF VISION OF CORPORATIONS OF CORPORATIONS

23 OCT 30 AM 9: 55

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COVER LETTER

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|---|------------------------------------|--|---|--|
| eun in | | TAR HANDYMAN LLC | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| | | | | 2023 |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | OCT 3 |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | COR COR SEEE |
| | | ANA C VILLETA | | 2023 OCT 30 AM 9: 55 DEPARTNENT OF STATE DIVISION OF CORPORATION FALLAHASSEE, FLORIDE |
| | | | Name of Person | 5 × 5 |
| | | | Firm/Company | |
| | | 3109 SOUTH SEMORAN | BLVD APT 93 | |
| | | | Address | |
| | | ORLANDO, FL 32822 | | |
| | | ANACVILLETA@GMAII | City/State and Zip Code COM | |
| | | E-mail address; (| to be used for future annual report notificati | ion) |
| For furt | her information c | oncerning this matter, please ca | all: | |
| ANA C | VILLETA | | 407 942-6626 at () | |
| | Name o | f Person | | lephone Number |
| Enclose | d is a check for th | ne 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 S | Section | Street Address: Registration Sectio | |
| Division of Corporations P.O. Box 6327 | | • | Division of Corpor The Centre of Talla | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT STAR HANDYMAN LLC

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

| DEPARTMENT OF CORPINATION OF CORP | 023 OCT 30 AM | |
|-----------------------------------|---------------|--------|
| PLORID: | 9: 55 and as: | Signed |

| | Section Sectio |
|--|--|
| The Articles of Organization for this Limited Liability Company | y were filed on 10/18/2023 and assigned |
| Florida document number L23000478723 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lial | bility company here: |
| BRIGHT STAR RENOVATIONS LLC | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "LL.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC 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) B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | |
| | |
| | |
| | address on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |

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.

City

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> | Address | Type of Action |
|--------------|-------------|---------|--|
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| | e, if other than the date of filing: (it is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to late inserted in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records. The sa delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a | |
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| in effective date is listed, the date must be specific and cannot be pri | or to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed | |
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