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12/12/24-01017-023 **25.00



COVER LETTER

TO: Registration S Division of Co.				·
oun wor	SH	OTTA STAR		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		JENIFER MARSEILLE		
		Name of Person		_
		SHOTTA STAR		70 7
		Firm/Company		TASS CALLES
		911 PICARDY DR		2024 DEC 18 PH
		Address		- 45% - P
		KISSIMMEE, FL 34759		
		City/State and Zip Code		
		OTTASTAR7@GMAIL.COM to be used for future annual report r	votification)	, , ,
For further information of	concerning this matter, please c		iottication)	
JENIFER N	MARSEILLE	407 at ()	288-5172	
Name of Person		Area Code Day	time Telephone Numb	er
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, rate of Status & d Copy al copy is enclosed;
Mailing Address: Registration Section		Street Address Registration		
Division of C		Division of C		
P.O. Box 632			f Tallahassee	010
Tallahassee, FL 32314		2415 N. Mor	roe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STAR LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000242155	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	911 PICARDY DR	20
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34759	ECKE DAOFC
Enter new mailing address, if applicable:	911 PICARDY DR	15 0 PH 11
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34759	100 E
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new register
New Registered Office Address:	Enter Florida street address	ſ
	, Flo	orida
	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>	Address	Type of Action
MGR	JENIFER MARSEILLE	911 PICARDY DR	□Adđ
		KISSIMMEE, FL 34759	□Remove
			■ Change
MGR	NAHOMIE DOMINIQUE	PO BOX 351	□Add
		GROVELAND, FL 34736	■Remove
			Change
			□Add
			Remove SECRETA TALLA
			OAdd OAdd ORemover OChange
			Remove
			Change
	·		
			□Remove
			□ Change

Effective date, if other than the date of filing: JUNE 1, 2024 (optional) For a 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 605.02 Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The effective date on the Department of State's records. The specific and cally define the date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The specific and cally define the date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: The date of filing or more than			<u> </u>	-					
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Filing Fee: \$25.00