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### TO: Registration Section Division of Corporations

SUBJECT: LITTLE STAR HOMES 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:

PAUL RAJA JAYABALAN VINCENT

Name of Person

LITTLE STAR HOMES LLC

Firm/Company

11004 KIDRON VALLEY LANE

Address

TAMPA, FL - 33625

City/State and Zip Code

paulraja2011/a gmail.com

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

For further information concerning this matter, please call:

PAUL RAJA JAYABALAN VINCENT

Name of Person

\_\_\_\_ at (\_\_\_\_813\_\_\_\_) \_\_\_ Area Code

Daytime Telephone Number

300-9177

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) S60.00 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

# **ARTICLES OF AMENDMENT** TO **ARTICLES OF ORGANIZATION** OF

LITTLE STAR HOMES LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	OUR records.) ZUZ4 DEC 10 PM 11:14
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
• <u> </u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<b>B.</b> If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ds. <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida si	freet address
City	, Florida Zıp 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</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PAUL RAJA JAYABALAN VINCENT	11004 KIDRON VALLEY LANE, TAMPA, FL - 33625	Add
			[]Remove
			🗆 Change
AMGR	STELLAMARY ANTONYSAMY	H004 KIDRON VALLEY LANE, TAMPA, FL - 33625	□Add
			🗆 Remove
			Change
			□Add
			🗆 Remove
			[]Change
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		<u> </u>	🗆 Remove
			🗆 Change
			🗆 Add
			[] Change

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

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E. Effective date, if other than the date of filing: 10/18/2024 (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 December 3rd 2024	
testa	
Signature of a member for authorized representative of a member	
STELLAMARY ANTONYSAMY	
Typed or printed name of signee	

Filing Fee: \$25.00