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ALLAHASSEE, FLORING

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COVER LETTER

, Division of Corporations	
SUBJECT: Starling Properties 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:	
Dana Wimberley (Name of Person)	TECRETA RECRETA
Starling Properties	NIS R
P.O. Box 16163 (Address)	19 PM 5: 03 HASSEE FLORIG
Tallahassee, FL 32317 (City/State and Zip Code)	,
For further information concerning this matter, please call:	
Donna Wimberley at (85) 545-1205 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)	of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starling P	roperties LLC	
(Name of the Limited Liabil	lity Company as it now appears on ou la Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L98000</u>	Company were filed on $\frac{7}{28}$	98 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the	TALSE
Enter new principal offices address, if applicable:		GRE 5 TI
(Principal office address MUST BE A STREET AD	DRESS)	ASS T
		EF.FLOO
Enter new mailing address, if applicable:		PRI CO
(Mailing address MAY BE A POST OFFICE BOX)	WWW 18 111111	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flo	orida street address)
		. Florida
_	(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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>mgr</u>	Dona P Wimberks	7 610 E Lth Avenue Tollahasse & 32303	Add Remove
mGR	Arthur P Wimberkey	(010 E. 6th Ave Tallahasse R 32803	Add Remove
			THE TARE TO STATE Add Remove
	·	(s) here: (Attach additional sheets, if necessary.) (Simberky as mar Hy. Deceased 10/7/0	Add Remove
Dated	117108 Charles R.	or authorized representative of a member Houlu r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00