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EXAMINER



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SECRETARY OF STATE
TALLAHASSFF, FI ORIO,

COVER LETTER

Division of Co	rporations			
SUBJECT:	AMERICAN	STAR TRADERS L	.LC	
		nited Liability Company	·	
The enclosed Articles of	f Amendment and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
		FATHIMA MASUD		
		Name of Person		
	AMER	ICAN STAR TRADER	S LLC	
		Firm/Company		
	5372	2 4TH STREET N, APT	Γ217	
		Address	· · · · · · · · · · · · · · · · · · ·	
	ST	PETERSBURG, FL 33	3703	·
		City/State and Zip Code		
	E-mail address:	ericansrealty@yahoo.c	ort notification	on)
For further information of	concerning this matter, please		or nouncut	,
FAT	HIMA MASUD	at (727) Area Code &	28	98528
Name o	of Person	Area Code &	Daytime Tel	ephone Number
				•
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 e	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

AWERICA (Name of the Limited Lieute	N STAR TRADERS	LLU	
(Name of the Limited Liabil (A Florid	la Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL10000042581	Company were filed on	APRIL 21,2010 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
AMERICA	AN STAR REALTY LLO		
The new name must be distinguishable and end with the w'L.L.C."	vords "Limited Liability Comp	pany," the designation "LLC" or the	abbreviatio
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADI	DRESS)	Ζω	
	<u></u>		
		ETA HA	<u>יו</u>
Enter new mailing address, if applicable:		SSE RAY 8	
Mailing address MAY BE A POST OFFICE BOX)			П
		STA LOR	D
		A PAGE	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter the name of	f the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street address	
<u></u>		, 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>:

<u>itle</u>	<u>Name</u>	Address	Type of Actio
			_ n
			Remove
···········			Remove
		-	
. If ame	nding any other information,		
. If amer	nding any other information,		
If amer	FEBRUARY 16		

Page 2 of 2

Filing Fee: \$25.00