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LAW OFFICES

February 10, 2014

BLAXBERG, GRAYSON, KUKOFF & TWOMBLY, P. A.

SUITE 730, INGRAHAM BUILDING 25 SOUTHEAST SECOND AVENUE MIAMI, FLORIDA 33131-1506 www.blaxgray.com

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(305) 371-6816 Amanda.Lipsky@blaxgray.com

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I. Barry Blaxberg Moises T Grayson*

Ian J. Kukoff** Robert Twombly

Gaspar Forteza

Isabel Colleran Amanda Lipsky

Declan P. Mahoney

Alexis Read

Juan Carlos Alexander Lilian Rodriguez-Baz *Also Licensed in New York

**Also Licensed in Texas

VIA FEDEX

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

PINESTAR, LLC

Document No.: L12000090426

To Whom It May Concern:

In connection to PINESTAR, LLC, enclosed please find the Articles of Amendment of the Articles of Organization.

Enclosed you will find a check in the amount of \$25.00 to pay for the required fee. Please return all correspondence in connection to this matter in the enclosed a pre-paid envelope provided for your convenience.

Sincerely

nanda G. Lipsky

If you have any questions, please contact our office.

Enclosures

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: PINESTAR, 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:
I. BARRY BLAXBERG, Esquire
Name of Person
Blaxberg, Grayson, Kukoff & Twombly, P.A.
Firm/Company
25 SE 2nd Avenue, Suite 730
Address
Miami, Florida 33131
City/State and Zip Code
Barry.Blaxberg@blaxgray.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
I. Barry Blaxberg, Esquire at (305) 381-7979 Ext. 31
Name of Parcon Area Code Daytime Telephone Number

Name of Person

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) □ \$60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINESTAR, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000090426</u>	mpany were filed on JULY 12, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	12 L
		Te 3 M
Enter new mailing address, if applicable:		STATE LORID
(Mailing address MAY BE A POST OFFICE BOX)		**************************************
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Pioriaa sireet adaress	
	, Florida	Zin 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title <u>Name</u> <u>Address</u> Type of Action SONAL ZAVERI **MGRM** 1966 NW 168 Avenue Pembroke Pines, FL 33028 Remove SONAL ZAVERI 1966 NW 168 Avenue MGR Pembroke Pines, FL 33028 Remove □ Add □ Add □ Add ☐ Remove

D. If amen	ding any other information, enter change(s) here: '(Attach additional sheets, if necessary.)
• .	
E Dec	
(The effection the date the	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	February 10, 2014.
	Signature of a member or authorized representative of a member
	I. Barry Blaxberg, Esquire
	/ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 12 TH & CI