

L13000110491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

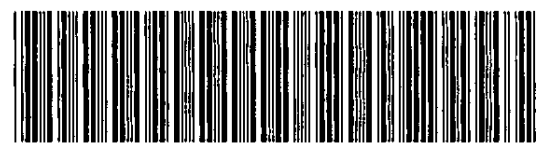
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/13--01015--014 **60.00

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2013 OCT - 7 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 8 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

S.T.A.R. Lyfe Ent., LLC

SUBJECT: _____
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:

Kevin Acevedo

Name of Person

S.T.A.R. Lyfe Ent., LLC

Firm/Company

7512 Leon Ave

Address

Tampa, FL 33637

City/State and Zip Code

starlyfe.155@gmail.com

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

For further information concerning this matter, please call:

Kevin Acevedo

813 3613498

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 9, 2013

KEVIN ACEVEDO
7512 LEON AVE
TAMPA, FL 33637

SUBJECT: S.T.A.R. LYFE ENT LLC
Ref. Number: L13000110491

We have received your document for S.T.A.R. LYFE ENT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 413A00021174

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

S.T.A.R. Lyfe Ent., LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2013
Florida document number L13000110491

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:
n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: n/a
(Principal office address MUST BE A STREET ADDRESS)

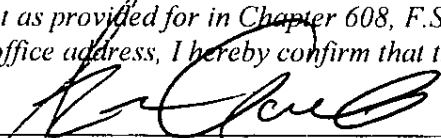
Enter new mailing address, if applicable: n/a
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: n/a
New Registered Office Address: _____
Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

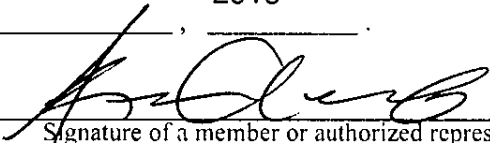
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Kevin Acevedo	7512 Leon Ave	<input checked="" type="checkbox"/> Add
<i>MGRM</i>		Tampa, Fl 33637	<input type="checkbox"/> Remove
Mgr	Jonathan Harris	5020 Bordeaux Village Place	<input type="checkbox"/> Add
		Tampa, Fl 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FILED
 Add
 Remove

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

* Dated August 20, 2013



Signature of a member or authorized representative of a member

Kevin Acevedo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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