L15000189842

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000028508 3)))

H15000028508 3ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS
Account Number : I20130000079
Phone : (305)804-1047
Fax Number : (866)767-7835

FILED
2015 FEB -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hectoraccounting@gmail.com

RECEIVED
15 FEB -5 AM 10:00
FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ALL STAR SPORT BAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

FEB 06 2015
BRUCE

Electronic Filing Menu Corporate Filing Menu Help

February 5, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALL STAR SPORT BAR LLC
2201 W SAMPLE ROAD
POMPANO BEACH, FL 33073US

SUBJECT: ALL STAR SPORT BAR LLC
REF: L14000189862

FILED
2015 FEB -3 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return 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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000028508
Letter Number: 715A00002357

RECEIVED
15 FEB -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H15000028533)))

ALL STAR SPORT BAR 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 12/12/2014 and assigned Florida document number L14000189862.

This amendment is submitted to amend the following:

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

ALL STARS SPORTS BAR LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

2301 W SAMPLE RD
BUILDING 1, SUITE 1-2 AB
POMPANO BEACH, FL 33073

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

2301 W SAMPLE RD
BUILDING 1, SUITE 1-2 AB
POMPANO BEACH, FL 33073

FILED
2015 FEB -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: _____

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 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

(((H15000028508 3)))

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
2015 FEB -3 PM 1:3
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(((H15000028508 3)))

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

E. Effective date, if other than the date of filing: 02/03/2015 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 3, 2015.

Kitt-Chance Marcellus

Signature of a member or authorized representative of a member

KITT-CHANCE MARCELLUS

Typed or printed name of signee

Filing Fee: $25.00

FILED
2015 FEB -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA