

L10000102489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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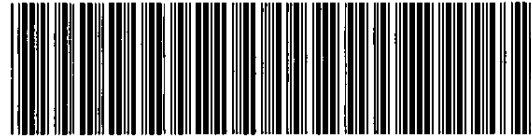
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 28 PM 12:31

T. HAMPTON

JUL 28 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shining Star Consulting 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:

Michael Coraggio

Name of Person

SHINING STAR CONSULTING LLC

Firm/Company

2950 NE 188th Street #530

Address

Aventura, FL. 33180

City/State and Zip Code

imenoff@hotmail.com

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

For further information concerning this matter, please call:

Michael Coraggio

Name of Person

at (**786**)

325-0110

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 28 PM 12:31

Shining Star Consulting 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 10/1/2010 and assigned
Florida document number L10000102489.

This amendment is submitted to amend the following:

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

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:

2950 NE 188th Street #530

(Principal office address MUST BE A STREET ADDRESS)

Aventura, FL. 33180

Enter new mailing address, if applicable:

same as above

(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:

Michael Coraggio

New Registered Office Address:

2950 NE 188th Street #530

Enter Florida street address

Aventura

, Florida

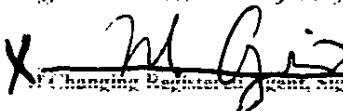
33180

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.


X Michael Coraggio
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>
MGR	VITO FAZIO	5150 PRAIRIE DUNES VILLAGE CIR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
RA	KATHERINE LONDONO	10345 NW 31 AVE MIAMI, FL 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LINDA FAZIO	4884 BOXWOOD CIR. BOYNTON BEACH, FL 33436	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

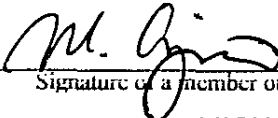
SHINING STAR CONSULTING LLC WILL RETAIN IT'S NAME BUT THE NEW
REGISTERED AGENT WILL NOW BE MICHAEL CORAGGIO WHOM IS
REPLACING KATHERINE LONDONO AND LINDA FAZIO IS BEING REMOVED
AS A MANAGING MEMBER AND IS BEING REPLACED BY VITO FAZIO AS A
MANAGER.

Dated

JULY 19TH

2011

X



Signature of a member or authorized representative of a member

MICHAEL CORAGGIO

Typed or printed name of signee

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Filing Fee: \$25.00

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