L10000102489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2011 AUG 11 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHAEL CORAGGIO at (786) 325-0110
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

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

New Registered Office Address:

, **Florida**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is

company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
MGMR	MICHAEL CORAGGIO	2950 NE 188TH STREET #530 AVENTURA, FL. 33180	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

THE ONLY CHANGE BEING MADE TODAY AUGUST 3RD IS THAT SHINING STAR CONSULTING LLC IS ADDING MICHAEL CORAGGIO AS A MANAGING MEMBER...

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 3RD, 2011

Signature of a member or authorized representative of a member

MICHAEL CORAGGIO
Typed or printed name of signee

Filing Fee: $25.00