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## COVER LETTER

Registration Section TO: **Division of Corporations** 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: City/State and Zip Code For further information concerning this matter, please call: Ç

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

LELINE STI	4K L	,2C		
(Name of the Limited (A	<mark>Liability Comp</mark> ai Florida Limited L	ny as it now appears liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia Florida document number $2/2000/$	ability Company	were filed on _/&	2/13/201	and assigned
This amendment is submitted to amend the follo	wing:			한 항 <sup>22</sup>
A. If amending name, enter the new name of	the limited liab	ility company here	2:	give grade grade
CELINE STAR LLC				دِي
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	1180 S	AMER	ICA WAY
(Principal office address MUST BE A STREET	(ADDRESS)	MIAM	i FL	
			33132	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	SA.	ME AS	S ABOVE
B. If amending the registered agent and/oregistered agent and/or the new registered of	-		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:		SAMG	` _	11.1
New Registered Office Address:	1180	S AM	EKICH er Florida street a	ddress
	Mi	AMI	, Florida _	33132
		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 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

**Address** Title Name Type of Action WAEL BOTTROS 1180 S. AMERICA WAY X Add PHILLIP JOFFEY 1180 S. AMERICA WAY X Add 33132 Remove Add Remove άı ( ^) Remove Remove

D Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<b>D. 11 a</b>	EILLIAIS FOR DRA
	MIAMI SKY LING GRILL
Dated	12/14/13
	Signature of a member or authorized representative of a member
	WAEL BOTTROS Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

1618-041-21 File 5: 25