

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAMONT, NEIMAN, INTERIAN & BELLET, P.A.
Account Number : I20000000051
Phone : (305) 530-9400
Fax Number : (305) 530-9409

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STARLIGHT AND B & D APARTMENTS, LLC

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J. BRYAN

JAN 20 2009

1/19/2010

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARLIGHT AND B & D APARTMENTS, 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:

Ellen Beth Bellet, Esq.

Name of Person

Lamont Neiman Interian & Bellet, P.A.

Firm/Company

2 South Biscayne Blvd., Suite 3550

Address

Miami, Florida 33131-1809

City/State and Zip Code

BHRiceAdmin@earthlink.net

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

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For further information concerning this matter, please call:

Ellen Beth Bellet, Esq.

Name of Person

at (305)

530-9400

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 &
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(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

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

STARLIGHT AND B & D APARTMENTS, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on July 20, 2001 and assigned Florida document number L01000011967.

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

B.H. Rice, Inc.

New Registered Office Address:

2860 NW 135th Street, Suite 118

Enter Florida street address

Opa Locka

Florida

33054

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.

(Signature of Pamela Rice Needles)
Dave K. Rice, President / Pamela Rice Needles, Secretary/
Treasurer

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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
MGRM	Bud Rice Revocable Trust Harvey I. Reisman, Successor Trustee	4000 Towerside Terrace #1608 Miami, FL 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dave K. Rice	2860 NW 135th Street Suite 118 Opa Locka, FL 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pamela Rico Naedele	2860 NW 135th Street Suite 118 Opa Locka, FL 33054	<input checked="" type="checkbox"/> Add <input 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.)

Dated _____

Pamela Rico Naedele Managing Member
Signature of a member or authorized representative of a member

Pamela Rico Naedele, Managing Member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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