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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CALANDRINO LAW FIRM

Account Number: I20090000062

Phone

: (407)601-4905

Fax Number

: (407)601-4910

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STAR VENTURES, LLC

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EXAMINER

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COVER LETTER

то:		gistration Secti vision of Corpo				•
	:	4 ;				
SUBJE	ECT:			entures, LLC		
			Name of Limit	ted Liability Company		
The en	closed	d Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please .	returr	n all correspond	ence concerning this matter	to the following:		
			A	my M. Guy, Paralegal		
				Name of Person		
Ca			Cal	andrino Law Firm, P.A.		
Firm/Company						
301 East Pine Street, Suite			ast Pine Street, Suite 9	50		
				Address		
Orlando, FL 32801						
City/State and Zip Code						
amy@florid			ofloridabusinesslaw.com	m		
•				to be used for future annual report	nonneanon)	
For fur	ther i	nformation con	cerning this matter, please o	all:		
		Amy M. (Guy, Paralegal	at (407)	601-49	905
***************************************		Name of P		at (407) Area Code & Da	ıytime Teleplıo	ne Number
Enclos	ed is	a check for the	following amount:			
\$25	.00 F	iling Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILIN	C ADDRESS:	STRFFT/CO	TRIER ADD	DRESS.

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

;407 601-4910

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 NOV -3 AM 9: 44

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

	Star Ventu	res, LLC	,	HASSEET FORION	
(Name of the Limited I (A I	in bility Compan lorida Limited Li	y as it now appears on o ability Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number L030000356		were filed on Septen	nber 19, 2003	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited ljabi	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," th	e designation "L	.C" or the abbreviation	
Enter new principal offices address, if applica	370 Center Pointe Circle, Suite 1190				
(Principal office address MUST BE A STREET	ADDRESS)	Altamonte Springs, Florida 32701			
Enter new mailing address, if applicable:		301 East Pine Stre	et. Suite 950	ı	
(Mailing address MAY BE A PQST OFFICE B	<u>(OX)</u>	Orlando, FL 32801			
					
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, <u>enter tl</u>	ne name of the new	
Name of New Registered Agent:	Calandrino L	aw Firm, P.A.			
New Registered Office Address:	301 East Pir	ne Street, Suite 950			
110W 110g/300 W C 2210 1 Add 1000.		Enter Florida street address			
			, Florida	32801	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this co	oper and completered agent as pegistered office hange.	ete performance of my rovided for Dr Chapter	duties, and I a 608, F.S. Or, i in that the lim	m familiar with and f this document is ited liability	

11-03-09;05:24PM; ;407-601-4910 # 4/ 4

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>	Address	Type of Action
MGRM	Altaf Hemani	587 E State Road #343	
		Long wood Florida 32750	Remove
	,		□ Add
	,		Remove
			_
	,		Add Remove
			
			Add Remove
			
			Add Remove
			
			AddRemove
D If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	
		370 Center Pointe Circle, Suite 1190	
Alt	tamonte Springs, Florida 32701.		
			·
			+ 23
			2009 NOV
Dated	November 3 , 20	009	OV -3
	- John !	all.	my m
		r or authorized representative of a member horized Representative of the Members	و يوت
		or printed name of signee	DA S
		Page 2 of 2	•

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