L04000008868

(Re	equestor's Name)			
(Ad	dress)			
(A d	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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JUN = 5 2012 T. HAMPTON

COVER LETTER

TO: Registration So Division of Con						
SUBJECT:	SOLAR STA	AR SYSTEMS LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
•		AUTUMN WALKER				
		Name of Person				
	SOLAR STAR SYSTEMS LLC					
		Firm/Company				
		P.O. BOX 900370				
		Address				
	HOME	ESTEAD, FLORIDA 33090				
	City/State and Zip Code					
	CF	O@SKYNET360.COM to be used for future annual report notifica	44			
The Control Control		-	non)			
For further information of	concerning this matter, please of	ali:				
	JMN WALKER	at (49-2000			
Name o	f Person	Area Code & Daytime 1	elephone Number			
Enclosed is a check for t	he 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)			

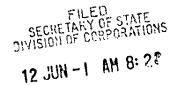
MAILING ADDRESS:

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



		SYSTEMS LLC		
(Name of the Limited) (A)	<u>Liability Compa</u> Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company	were filed on FEBF	RUARY 2, 200	4 and assigned
Florida document numberL0400008	868			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		10 NE 3RD STR	EET	
(Principal office address MUST BE A STREET	(ADDRESS)	HOMESTEAD, F	LORIDA 3303	34
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		P.O. BOX 90037	0	
(Mailing address MAY BE A POST OFFICE BOX)		HOMESTEAD, FLORIDA 33090		
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered off			records, <u>enter t</u>	he name of the new
		-		
Name of New Registered Agent:				
New Registered Office Address:	10 NE 3RD			
•		Enter 1	Florida street add	ress
•	НС	DMESTEAD	, Florida	33034
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LEONARD TALARICO	21400 S.W. 392 STREET HOMESTEAD, FLORIDA 33034	Add 7 Remove
MGRM	SALVATORE FINOCCHIARO	21400 S.W. 392 STREET HOMESTEAD, FLORIDA 33034	Add Remove
· ·			Add Remove
<u>·</u>			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF S S SECRETARY OF S S S S S S S S S S S S S S S S S S S
Dated	MAY , 201	12 \.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	RATIONS 8: 27
		or authorized representative of a member	····
		SE CAMARILLO or printed name of signee	
	1,7000	- L	

Page 2 of 2

Filing Fee: \$25.00