

L04000008868

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN -1 AM 8:27

JUN -5 2012
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLAR STAR SYSTEMS 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:

AUTUMN WALKER

Name of Person

SOLAR STAR SYSTEMS LLC

Firm/Company

P.O. BOX 900370

Address

HOMESTEAD, FLORIDA 33090

City/State and Zip Code

CFO@SKYNET360.COM

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

For further information concerning this matter, please call:

AUTUMN WALKER

Name of Person

at (786)

349-2000

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN -1 AM 8:28

SOLAR STAR SYSTEMS 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 FEBRUARY 2, 2004 and assigned
Florida document number L04000008868.

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:

10 NE 3RD STREET

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FLORIDA 33034

Enter new mailing address, if applicable:

P.O. BOX 900370

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FLORIDA 33090

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

Name of New Registered Agent:

New Registered Office Address:

10 NE 3RD STREET

Enter Florida street address

HOMESTEAD

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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|---|--|
| MGRM | LEONARD TALARICO | 21400 S.W. 392 STREET HOMESTEAD, FLORIDA 33034 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | SALVATORE FINOCCHIARO | 21400 S.W. 392 STREET HOMESTEAD, FLORIDA 33034 | <input type="checkbox"/> Add <input checked="" 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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

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DIVISION OF CORPORATIONS
12 JUN - 1 AM 8:27

Dated MAY , 2012

Signature of a member or authorized representative of a member

JOSE CAMARILLO

Typed or printed name of signee