

# LO5000073530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

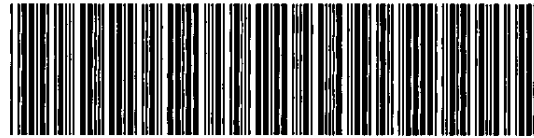
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO5-  
73530

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BISCAYNE SHORES STAR, 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:

Manuel M. Rodriguez-Fiol

(Name of Person)

BISCAYNE SHORES STAR, LLC

(Firm/Company)

1898 Coral Way

(Address)

Miami, Florida 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel M. Rodriguez-Fiol

(Name of Person)

at ( 305 ) 860-4005

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

BISCAYNE SHORES STAR, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 27, 2005 and assigned  
document number L05000073530.

**SECOND:** This amendment is submitted to amend the following:

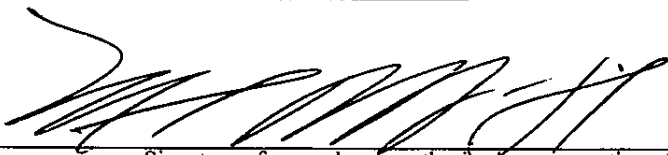
BISCAYNE SHORES STAR, LLC shall be a manager managed Limited Liability Company

and its sole manager is LP SHORES STAR, LLC, a Florida Limited Liability Company.

This Amendment shall take effect upon its filing with the Florida Secretary of State

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 8th, 2007.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Manuel M. Rodriguez-Fiol

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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