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SECRETARY OF STATE
SHANKSSEE, FLORIO

COVER LETTER

Division of Corporations					
SUBJECT:	STAR OCEAN SERVICES, L.L.C.				
	Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all co	orrespondence concerning this matter to the following:				
	ERIC DUMAREILLE				
Name of Person					
STAR OCEAN SERVICES, L.L.C.					
	Firm/Company				
	1880 NW 78th AVENUE				
	Address				
	PEMBROKE PINES, FL 33024				
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further inform	ation concerning this matter, please call:				
	ERIC DUMAREILLE at (_786) 338 0177				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a chec	k for the following amount:				
▼ \$25.00 Filing F	ce \$\int_{\$30.00}\$ Filing Fee & \$\int_{\$55.00}\$ Filing Fee & \$\int_{\$60.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
`,					
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATESSEP | | AMII: 33

SECRETARY OF STATE

STAR OCEAN SERVICES, L.L.C.

(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 Liab	· · ·	07/25/2005	and assigned	
Florida document numberL050000742	<u>12 </u> .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 **Title** <u>Name</u> **Address Type of Action MGRM** THIERRY DUMAREILLE 3505 SANTA IDALIA ☐ Add ✓ Remove LOS NOGALES MISSION, TEXAS, 78572 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Signature of a member or authorized representative of a member Evic Dumareille
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00