

L06000007193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400278513324

10/29/15--01017--015 \*\*60.00

FILED  
15 OCT 29 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2015  
Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COMSTAR NETWORK, 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:

JAMES J O'HEARN

Name of Person

JAMES O'HEARN ACCOUNTING & ASSOCIATES, INC

Firm/Company

1991 SOUTH KANNER HIGHWAY

Address

STUART, FLORIDA 34997

City/State and Zip Code

OHEARNTAX@GMAIL.NET

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

For further information concerning this matter, please call:

JAMES J O'HEARN

772

266-4712

at ( )

Name of Person

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**

COMSTAR NETWORK, 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 01/20/2006 and assigned  
Florida document number L06000007193.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter Florida street address

City

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAWLOW, ZENIE	1820 NE JENSEN BEACH BLVD	<input checked="" type="checkbox"/> Add
		SUITE 564	<input checked="" type="checkbox"/> Remove
		JENSEN BEACH, FL 34957	<input type="checkbox"/> Change
MGR	HORNE, DEBORAH	1820 NE JENSEN BEACH BLVD	<input checked="" type="checkbox"/> Add
		SUITE 564	<input type="checkbox"/> Remove
		JENSEN BEACH, FL 34957	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 OCT 28 AM 10:53  
TALLAHASSEE, FLORIDA

15 JUL 29 AM 10:53  
OFFICE OF THE  
SHERIFF OF FLORIDA  
ALLAHASSEE, FLORIDA

15 OCT 29 AH10:53  
DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

100

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 26 2015

Signature of a member or authorized representative of a member

ZENIE PAWLOW

Typed or printed name of signee