

L06000090135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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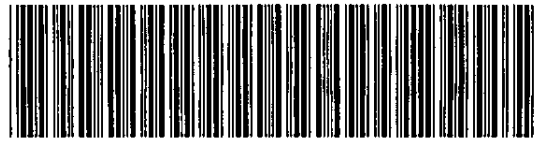
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10/17/16--01024--017 **43.75

K. SALY
NOV - 1 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

MIKEL MITTAL
640 NE 149TH ST.
MIAMI, FL 33161

SUBJECT: SILVER STAR SOUTH FLORIDA "LLC"
Ref. Number: L06000090135

RECEIVED
2016 OCT 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SILVER STAR SOUTH FLORIDA "LLC" and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00022429

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SILVER STAR SOUTH FLORIDA "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:

MARK FAULKNER

Name of Person

Firm/Company

640 NE 149TH STREET, STE 100

Address

MIAMI, FL 33161

City/State and Zip Code

MFAULKNER@MGBN.ORG

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

For further information concerning this matter, please call:

MARK FAULKNER

Name of Person

954
at ()

Area Code

256-0777

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**

SILVER STAR SOUTH FLORIDA "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-14-2016 and assigned

Florida document number ~~L0600090135~~ L0600090135

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)

640 NE 149TH STREET

SUITE 106

MIAMI FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

640 NE 149TH STREET

SUITE 106

MIAMI FL 33161

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:

MARK FAULKNER

New Registered Office Address:

640 NE 149TH STREET STE 100

Enter Florida street address

MIAMI


City

, Florida 33161

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	MITTAL, MIKEL	640 NE 149TH STREET	<input type="checkbox"/> Add
		SUITE 104	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33161	<input type="checkbox"/> Change
MGR	MITTAL, HOSEAN	640 NE 149TH STREET	<input type="checkbox"/> Add
		SUITE 104	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33161	<input type="checkbox"/> Change
MGR	SILVER STAR HOLDING TRUST	640 NE 149TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		MIAMI FL 33161	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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WASHINGTON, D.C. 20535

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBE 18TH, 2016

Signature of a member or authorized representative of a member

MARK FAULKNER

Typed or printed name of signee