

LD7000043924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

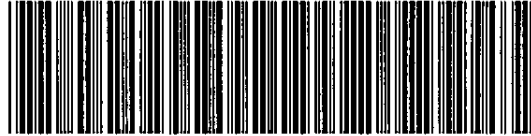
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LD7-43924

Amend

01/04/16--01007--016 **25.00

FILED
16 JAN -4 AM 7:51
COUNTY OF STATE
TALLAHASSEE, FLORIDA

JAN -5 2016

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Daystar Financing, 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:

Paige Timmer

Name of Person

Byker & Associates, Inc.

Firm/Company

2905 Wilson Ave., Suite 200

Address

Grandville, MI 49418

City/State and Zip Code

paige@byker.com

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

For further information concerning this matter, please call:

Paige Timmer

616

477-0786

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

Page 1 of 3

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	Patrick Hundley	PO BOX 158	<input type="checkbox"/> Add
		Grandville, MI 49468	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ian Phair	PO BOX 158	<input type="checkbox"/> Add
		Grandville, MI 49468	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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

16 JAN -4 PM
STATE
DEPT OF FLORIDA
TALLAHASSEE

16 JAN -4 AM 7:51
TALLAHASSEE FLORIDA

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 December 30, 2015

Signature

Signature of a member or authorized representative of a member

David G. Byker - Manager

Typed or printed name of signee