L07000065892

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(Address)				
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(City/State/Zip/Phone #)				
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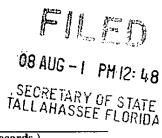
Division of Corp			
subject: <u>Sout</u>	hern Star, (Name of Limit	LLC ed Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Alexander	(Name of Person)	······································
		(Firm/Company)	
	5550 N.E.	28 th Avenue (Address)	
	Ft. Lauderda	City/State and Zip Code)	,
For further information con	ncerning this matter, please ca	11:	
Alexander (Name of	Ilsen Person)	at (<u>954 491 - 9146</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	following amount:	·	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	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



Southern	1 Star, LLC	TALLAHASSEE FLORIDA		
(Name of the Limited Liabil	lity Company as it now appears on o la Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L070006589</u>	Company were filed on	207 and assigned		
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
•				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	-	•		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter F	(Enter Florida street address)		
_	(0)	, 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)

or Managing	Member being added or removed from	our records:	
MGR = Mana MGRM = Ma	nger Inaging Member		
Title .	<u>Name</u>	Address	Type of Action
MGRM	Lubow Illsen Reuxable T	rust / 5550 N.E 28th Aue Fr. Lauderdale, FL 33308	Add Add Add
<u>marm</u>	Alexander Illsen Trust	5550 N.E. 28th Avenue Ft. Lauderaale, Fl. 33308	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.))
Dated	14 29 , 20	1008. 100an	OB AUG - 1 PM 12: 48 SECRETARY OF STATE ALL AHASSEF FLORIDA
-	Alexandee	authorized representative of a member INSC r printed name of signee	

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00