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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special manualions to 1 ming officer.				

Office Use Only

G. MCLEOD

SEP-7 2011

EXAMINER



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SECRETARY OF STATE
FALLAHASSEE: FLORID

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Prestar F	nancal LLC ited Liability Company		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		G. Lee Barcht Name of Person		
		Firm/Company	<del></del>	
	134	59 Pines Blus, #49	34,	
	Per	Nbroke Pria FL 33029 City/State and Zip Code	<u> </u>	
	E-mail address: (	Hese e min.um to be used for future annual report notificat	ion)	
For further information	concerning this matter, please of	all:		
Gentle Libragett Name of Person		at (954) 734-2789  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:

1

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

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pany were filed on	and assigned
l liability company here:	
'Limited Liability Company,"	the designation "LLC" or the abbreviation
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	DE O
ed office address on our r	ecords, enter the name of the new
s here:	
Enter F	lorida street address
	, Florida
City	Zip Code
	liability company here:  Limited Liability Company,"  S)  d office address on our rehere:  Enter Fi

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 ' Name **Address Type of Action** Philtip Arena MGRM ☐ 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.) 31 5711 August Dated \_\_\_ Signature of a member or authorized representative of a member G. Lee Baratt
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00