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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 25 PM 2:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR LEARNING, 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:

Jeffrey KAUFMAN
(Name of Person)

STAR LEARNING, LLC.
(Firm/Company)

663 NORTH BISCAYNE RIVER DRIVE
(Address)

Miami, FLORIDA 33169.
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Kaufman at (305) 770-4049.
(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

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

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ray SHAPIRO	3039 NE 183 LANE Aventura, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BONNIE WOLF	13733 NW 15 STREET Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 1ST, 2008

Signature of a member or authorized representative of a member

JEFFREY KAUFMAN

Typed or printed name of signee