L0800068294

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2010

FRANK ALI 2950 HALCYON LN SUITE 404 JACKSONVILLE, FL 32223

SUBJECT: MOONSTAR GROUP, LLC

Ref. Number: L08000068294

We have received your document for MOONSTAR GROUP, LLC and your check(s) totaling \$35.00. 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 910A00013566

ATTIM. TAMMI Clien

Registration Section

TO:

COVER LETTER

Division of Co	rporations					
SUBJECT:	MOONST	AR GROUP LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Name of Person				
	MC	ONSTAR GROUP LLC				
		Firm/Company				
	29	50 HALCYON LN #404		TAS THE		
		Address				
	JAC	CKSONVILLE FL 32223		2010 JUN -2 PM 12: 14 SECRE PARY OF SMALE		
		City/State and Zip Code		2 P		
	Si E-mail address: (reetrate@yahoo.com to be used for future annual report notific	ation)			
For further information	concerning this matter, please of		·			
	fazal ali	at (36-1600			
Name	of Person	Area Code & Daytime	Telephone Numbe	г		
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)	Certifie	ate of Status &		
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section				

(you have The Check for Fee)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			SROUP LLC			
(Name	of the Limited 1 (A	Liability Compar Florida Limited L	y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company			were filed on	07/15/2008	and assig	ned
Florida document number	L080000682	<u> 294 </u> .				
This amendment is submitted to a	mend the follo	wing:				
A. If amending name, enter the	new name of	the limited liabi	lity company her	2:		
The new name must be distinguisha "L.L.C."	ble and end with	the words "Limit	ed Liability Compar	ny," the designation	"LLC" or the abl	previation
Enter new principal offices add	ress, if applica	ble:				
(Principal office address MUST BE A STREET ADDRESS)			2950 HALCY	ON LN #404		
			JACKSONVIL	LE FL 32223		arminist.
					公型 2	SP. TO SP.
Enter new mailing address, if a	pplicable:				me P	
(Mailing address MAY BE A POST OFFICE BOX)			2950 HALCY	ON LN #404	7 c 75	
			JACKSONVIL	LE FL 32223	_ 三	
B. If amending the registered	Lagent and/o	r registered off	ice address on o	ur records entei	r the name of	the new
registered agent and/or the new				ur records, <u>ente</u>	the name of	the new
Name of New Registere	d Agent:	FAZAL AL	<u> </u>		···	
New Registered Office	Address:	2950 HALC	YON LN #404			
			Ent	er Florida street a	ddress	
		JAC	KSONVILLE	, Florida	32223	
			City		Zip Code	
Name Designational Associate Classical	. if shamelas D.	anintauad Amanta				

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

Page 1 of 2

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 **Type of Action** Address Title <u>Name</u> LEONARD ALI PRES 2512 MARLIN COURT ☐ Add Remove MIDDLEBURG FL 32068 FAZAL ALI PRES 2950 HALCYON LN #404 ☐ Remove JACKSONVILLE FL 32223 ☐ Add ☐ Remove ∏ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/01/ 2010 Dated ___ Signature of a member or authorized representative of a member LEONARD GLI
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00