

(Requestor	s Name)	
(Address)		
(Address)		
(City/State/Z	/ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



800139043318

12/18/08--01025--006 **25.00

08 DEC 18 PH 12: 23

S. HAWKES

2 2008

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Starr Protective, 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:		
PENNY Baldauf (Name of Person)		
Starr Protective, LLC (Firm/Company)		
5126 Cortez Rd. W., #151		
Bradenton, FL 34210 (City/State and Zip Code)		
For further information concerning this matter, please call:		
PENNY Baldauf at 941, 962-0735 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

Starr Protective, LLC (Name of the Limited Liability Company 4s it now appears on our records.) (A Florida Limited Liability Company)		
		The Articles of Organization for this Limited Liability Company were filed on 11/06/2008 and assigned
	on 11106/2008 and assigned	
Florida document number 108000103909		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability comp</u>	any here:	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation	
	70 8 mg	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	5 7	
, 		
•		
Enter new mailing address, if applicable:	- 15 hard	
(Mailing address MAY BE A POST OFFICE BOX)	23	
	16-	
B. If amending the registered agent and/or registered office addreregistered agent and/or the new registered office address here:	ss on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
(City)	, Florida	

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)

MGR = Manager MGRM = Managing Member **Title Name** <u>Address</u> **Type of Action** Remove Remove Remove □ Add Remove Remove Remove 🐇 7 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 ignature of a member or authorized representative of a member Typed or printed name of signee

. 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:

Page 2 of 2

Filing Fee: \$25.00