## L08000114198

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09 JUL 31 PH 1: 44
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
, SUBJE	ECT:	ALL STA	R MOBILE LLC		
		Name of Limited Liability Company			
•					
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
			CARLOS ROMAN JR		
			Name of Person		
		ALL STAR MOBILE LLC			
			Firm/Company		
2832 MICHIGAN AVE U			MICHIGAN AVE UNIT J		
Address					
KISSIMMEE FL 34744					
City/State and Zip Code					
	CROMANJR01@GMAIL.COM  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
	CARL	OS ROMAN	at (_407_)	518-1973	
Name of Person		Area Code & Daytime Telephone Number			
Enclose	ed is a check for the	following amount:			
<b> √</b> \$25	.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 09 JUL 31 PH 1: 44

SECRETARY OF STATE ALL STAR MOBILE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on DECEMBER 15, 08 and assigned L08000114198 Florida document number \_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: CARLOS ROMAN JR Name of New Registered Agent: 2832 MICHIGAN AVE UNIT J New Registered Office Address: Enter Florida street address KISSIMMEE \_, Florida \_\_\_ City

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 Type of Action** Name Address MĞR CARLOS ROMAN JR 2832 MICHIGAN AVE UNIT J √ Add KISSIMMEE FL 34744 Remove MGRM CARMEN L ROMAN 2832 MICHIGAN AVE UNIT J √ Add KISSIMMEE FL 34744 ☐ Remove MGR CARLOS ROMAN JR 2100 PINE NEEDLE TRAIL ☐ Add KISSIMMEE FL 34746 ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE NOTE: CHANGING THE ADDRESS OF THE REGISTERED AGENT AND ADDING AND REMOVING MANAGER AND MANAGER MEMBER **JULY 29** 2009 Dated Signature of a member of authorized representative of a member CARLOS ROMAN JR Typed or printed name of signee

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Filing Fee: \$25.00