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EXAMINER



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COVER LETTER

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations				
SUBJECT:	A LIST MARK	ETING GROUP LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
		DANIEL A. AMY Name of Person		
	FI	VE STAR SOCIAL LLC Firm/Company		
		840 LENOX AVE #1 Address		
	MI	AMI BEACH, FL 33139 City/State and Zip Code		
	E-mail address: (aniel.amy@gmail.com to be used for future annual report notifica	tion)	
For further informatio	n concerning this matter, please	call:		
DANIEL A. AMY Name of Person		at (<u>954</u>) 650-4749 Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount:			
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIER Registration Section Division of Corporati		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CURPOWATION
10 JAN 29 PM 2: 30

		TO JAN 2	9 Du -
A LIST M	ARKETING GROUP	LLC	'9 PM 2: 29
(Name of the Limited Liab	pility Company as it now appearida Limited Liability Company)	rs on our records.)	
(A Fior	ida Emined Elabiniy Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on	02/05/2009	and assigned
Florida document numberL0900011810)		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
FIVI	E STAR SOCIAL LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street add	ress
		, Florida	
-	City		7in Code

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.

or Managing Member being added or removed from our records: MGR ≠ Manager MGRM = Managing Member **Address Type of Action** Title Name ☐ Add Remove □ Add Remove ☐ Add Remove Remove __Add __Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 26** Signature of a member or authorized representative of a member Typed or printed name of signée Page 2 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Filing Fee: \$25.00