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(Re	equestor's Name)				
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2009 SEP -1 PH 12: 02

SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SEP 2.5009

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Ambul	ette Star, LLC		
		ited Liability Company		
	of Amendment and fee(s) are sulpondence concerning this matter	-		
		Virgil L. Light		
		Name of Person		_
	Lig	ght & Associates, LLLP		, ~ 2
		Firm/Company		TAPE 189
	199	00 Main Street. Ste. 750		SEP-
		Address		· 公教 · m
		Sarasota, FL 34236		FILED 2009 SEP -1 PH 12: 02 SECRETARY OF STATE ALLAHASSEE, FLORIDA
		City/State and Zip Code		
		vlight@laa-pa.com	F.W	Ort N
		to be used for future annual report noti	ification)	
For further information	concerning this matter, please of	call:		
	/irgil L. Light	at (<u>941</u>)	309-5415	
Name	of Person	Area Code & Daytir	ne Telephone Numbe	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

An	nbulette Star, LLC		_
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appe ida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number		August 5, 2009	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>ere</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation	A" of the abbreviation
Enter new principal offices address, if applicable			A I
(Principal office address MUST BE A STREET AL	DDRESS)		1 2 D
Data a variant a delucación a discable.			12: 02 STATE A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
Immuning unuicas MAT DEATOST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	ie name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess -
		. Florida	
•••	City		Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGRM George Melkadge 2500 E. 21st Street ☐ Add Brooklyn, NY 11235 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 26 2009 Signature of a member or authorized representative of a member Virgil L. Light, as agent and attorney in fact 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

Page 2 of 2

Filing Fee: \$25.00