

L09000086059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

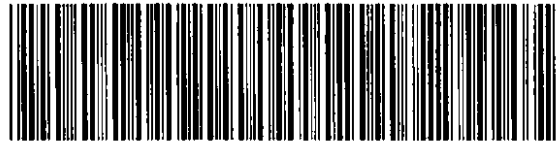
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB 22 PM 02:24

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D. BRUCE
FEB 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE STAR PALMS, 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:

MOSHE SCHWARTZ

Name of Person

BLUE STAR PALMS, LLC

Firm/Company

2390 NE 172 STREET

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

MOSHE@UTIFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSHE SCHWARTZ

Name of Person

305 4664443
at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 FEB 22 P 02:24
TALLAHASSEE, FL 32301
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE STAR PALMS, 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 09/4/09 and assigned
Florida document number L09000086059.

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 contain 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)

2390 NE 172 STREET

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2390 NE 172 STREET

NORTH MIAMI BEACH, FL 33160

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/17/2011 BY 60322
UCBAW/SEK/STW/STW

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2017 FEB 22 PM 12:24
CLERK OF DISTRICT COURT
TULARE COUNTY, CALIF.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 2/13, 2017

Signature of a member or authorized representative of a member

MOSHE SCHWARTZ

Typed or printed name of signee