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**EXAMINER**



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 16 PM 1:50

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: White Star Flooring 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:

Carlos Rodriguez Jr.

Name of Person

White Star Flooring LLC.

Firm/Company

2701 Arcadia Drive

Address

Miramar, FL 33023

City/State and Zip Code

CRodriguez@whitestarflooring.com

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

For further information concerning this matter, please call:

Carlos Rodriguez

Name of Person

at ( 954 )

325-0949

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

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

White Star Flooring LLC.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marcos Reyes	10066 Custer Cir Orlando, FL 32817	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Marcos Reyes  
\_\_\_\_\_  
Typed or printed name of signee