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G. MCLEOD

NOV 17 2009

**EXAMINER** 



900162483969

11/16/09--01029--020 \*\*25.00

OS 11 Hd 94: ANN 60

DIVISION OF CORPORATION:

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	CT:	White St	ar Flooring LLC.				
Name of Limited Liability Company							
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
	Carlos Rodriguez Jr.						
			Name of Person				
2701 Arcadia Drive							
Address							
Miramar, FI. 33023							
			City/State and Zip Code				
		CRodrig	uez@whitestarflooring.com	<del></del>			
For fur	ther information	e-mail address: (	to be used for future annual report notificate call:	ion)			
	Car	los Rodriguez	at ( 954 )32	5-0949			
	Name	of Person	Area Code & Daytime To	elephone Number			
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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		tration Section on of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	nite Star Fl iability Compa lorida Limited L	ooring LLC.  ny as it now apper  Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liab Florida document number	oility Company			and assign	ed	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company he	ere:			
	N/A					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	pany," the designation "	LLC" or the abbr	eviation	
Enter new principal offices address, if applicat	ole:	N/A			Ó	
(Principal office address MUST BE A STREET ADDRESS)				09	₹Š	
	<del></del>	<u></u>		NO	<u> </u>	
				<	97 :	
Enter new mailing address, if applicable:		N/A		9		
• • • • • • • • • • • • • • • • • • • •	av.	13/7		<del>P</del>	<del>- 유</del> 승(문	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<del></del>		**	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered of ce address her	fice address on <u>e</u> :	our records, enter	the name of the	he new	
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
	. Florida					
		City		Zip Code		
N. D. data and Assaults Clausetons if shareing Do	alatarad Aconte					

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 <u>Title</u> Name | <u>Address</u> **Type of Action MGRM Marcos Reyes** 10066 Custer Cir **⊘** Add Orlando, Fl 32817 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove \_\_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00