Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			JUN 29
	Division of Corporations		29
	Fax Number : (850)617-63	383	
From:			
	Account Name : AIT PLUS CO Account Number : I2008000006		108 108 818 8: 8
	Phone : (407)582-98		製品 25
•	Fax Number : (407)582-98	332	
Email	Address:		
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	Address: LLC AMND/RESTATE/CORR ALLSTAR COMMUN		
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June 29, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

ALLSTAR COMMUNICATION, LLC. 7796 W. IRLON BRONSON HWY. 16B KISSIMME, FL 34747

SUBJECT: ALLSTAR COMMUNICATION, LLC.

REF: L09000115259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H12000171626 Letter Number: 312A00017721

Registration/Qualification Section

COVER LETTER

Division of Co		•		
SUBJECT:	ALLSTAR CO	MMUNICATION, LLC.		
30BJEC1:		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		MARIA PINHEIRO		
		Name of Person		
	AIT PLUS CONSULTING, LLC			
		Firm/Company		
	8421 S OR	8421 S ORANGE BLOSSOM TRAIL # 109		
		Address		
		DRLANDO, FL 32809		
	_	City/State and Zip Code		
	E-mail address: (maria@aitplus.com to be used for future annual report notifica	ation)	
For further information	concerning this matter, please of	call:		
MA	RIA PINHEIRO		82-9830	
Name	of Person	Area Code & Daytime	Telephone Number	
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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis	LING ADDRESS; tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corporat		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUN 29 AM 8: 26

SECRETARY OF STATE TALLAHASSEE, FLORID:

ALLSTAR COMMU	JNICATION,	L.I C.	ASSEC, FLURIUA
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	12/03/2009	and assigned
Florida document numberL09000115259			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	6000 TURKEY LAKE RD SUITE 207		
(Principal office address MUST BE A STREET ADDRESS)	MUST BE A STREET ADDRESS) ORLANDO, FL 32819		
			
Enter new mailing address, if applicable:	6000 TURKE	EY LAKE RD SUIT	E 207
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO,	FL 32819	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter (he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ada	ress
	, Florida		
New Designation of Assertic Company of the print Designation of Assertic	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

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>		Address	Type of Action
MGR	PAULO R MIF	RANDA	7796 W IRLO BRONSON HWY KISSIMMEE, FL 34787	16B Add V Remove
	·			Add Remove
		· · · · · ·		Add Remove
				Add Remove
<u></u>	:			Add Remove
	<u> </u>			Add Remove
D. If amend	ling any other infort	mation, enter change	e(s) here: (Attach additional sheets, if nece	ssary.)
Dated	JUNE, 28		or authorized representance of a member	12 JUN 29
		PAI	JLO R MIRANDA	SA P
		Typed	or printed name of signee Page 2 of 2	8: 26 STATE TLOKIDA
		Fi	iling Fee: \$25.00	⇒ m o