

APR/02/2014/WED 12: PM

4/2/2014

# L10000705

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H14000078568 3)))



H140000785683ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5 STAR PROPERTY MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 APR -2 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -2 AM 8:00

FILED

APR - 3 2013

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

**5 STAR PROPERTY MANAGEMENT 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 01/04/2010

Florida document number L10000000705

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

**5 STAR ASSOCIATES, LLC.**

The new name must be distinguishable and end with 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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

**RAUL A. PINO**

New Registered Office Address:

**14502 SW 13 TER**

Enter Florida street address

**MIAMI**

City

**Florida 33184**

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.*

(X)  Signature of New Registered Agent

FILED  
 2014 APR -2 AM 8:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
PRES	DAIQUELINE PINO	14502 SW 13 TER	<input type="checkbox"/> Add
		MIAMI, FL 33184	<input checked="" type="checkbox"/> Remove
AMBR	RAUL A. PINO	14502 SW 13 TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33184	<input type="checkbox"/> Remove
MGR	DAIQUELINE PINO	14502 SW 13 TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33184	<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

FILED  
2014 APR 12 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

---

---

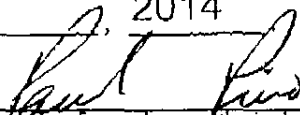
---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 31, 2014

(X) 

Signature of a member or authorized representative of a member

RAUL A. PINO

Typed or printed name of signer

FILED  
2014 APR -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA