110000014415

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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10 SEP -9 PM 1:81

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

SEP 1 0 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: NATIONAL SUPER STARS 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:					
ED CLESZKOWSKI Name of Person NSS LLC					
Firm/Company					
8974 PROVINCE ST.,					
SARASOTA FL 3A2A0 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Page of Person Policy Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$					
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 SEP -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 31, 2010

ED CLESZKOWSKI 8974 PROVINCE ST SARASOTA, FL 34240

SUBJECT: NATIONAL SUPER STARS, LLC

Ref. Number: L10000014415

We have received your document for NATIONAL SUPER STARS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00020890

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL SUPER STARS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code	
	. Florida		
New Registered Office Address:	Fnter Flor	rida street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	-	ords, <u>enter the name of the no</u>	
maning wartess MAT BL AT OST OTTICE BOAY			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	1 7	50 FL 33606	
"L.L.C."	يسال ١ سر	CTRAU ST	
The new name must be distinguishable and end with the	words "Limited Liability Company." the	designation "LLC" or the abbreyrati	
A. If amending name, enter the new name of the l	limited liability company here:	PORI	
This amendment is submitted to amend the following	; :	9 (CO)	
Florida document number L100000 14	415	O SEP	
The Articles of Organization for this Limited Liabilit	v Company were filed on	X / LO () and assigned € co	

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>Title</u>	Name	Address	Type of Action
ngrm	DAVID BUTLER	1633 WHITNEY ISLES DR WINDERMERE FL 34786	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF S VISION OF CORPO 10 SEP -9 PM
——————————————————————————————————————	UGUST 25/2010		TATE RATIONS
Dated	Signature of a niember of	or authorized representative of a member	_
	ED CIESZKO	WSKI ——	

Page 2 of 2

Filing Fee: \$25.00