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SECRETARY OF STATE
AND ASSEE, FLORIDA

J. BRYAN

FEB - 9 2011

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	rporations			
SUBJECT:	STAR TELECON Name of Limited Liability Con	MOBILE III III III III III III III III III	ll	新疆·
The enclosed Articles of	f Amendment and fee(s) are submitted for filing			SSEE A CL
Please return all corresp	ondence concerning this matter to the following	, <b>*</b>		F 5 12 00
		leu/		OF COMMENT
	Name of Po	erson		
	Firm/Comp	oany		
	B/SCAYN Address	E BLVO	SVITE	100
	MIAMI FC / City/State and Z	33 /8 / ip Code		
	E-mail address: (to be used for futur	e annual report notification	n)	
For further information of	concerning this matter, please call:			
IS A AC Name o	of Person at ( )	4 378 - 98 Trea Code & Daytime Tele	25 ephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified (additions)		\$60.00 Filing Certificate Certified C tadditional	of Status &

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

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

SECRETA	11568-8	7117
3366	2 3	0
• • • • • • • • • • • • • • • • • • • •	£5.4	1.00
	REF.	CD .

SYAR TELE	GM PSB16	e LLC	F1017	
(Name of the Limited Liabili (A Florida	ty Company as it now app Limited Liability Compan			
The Articles of Organization for this Limited Liability	,		and assigned	
Florida document number <u>L 100009</u>	1225	,		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lir</u>	nited liability company l	<u>here</u> :		
The new name must be distinguishable and end with the w	and of inited Lightlity Con	many " the designation "I. I.	C" or the abbreviation	
"L.L.C."	ords Launed Liability Co.	npany, the designation be	e of the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	···			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad-		n our records, enter th	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:		F Florida amost addu		
	Enter Florida street address			
	Cin	Florida	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.

Cin

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 **Title** Name <u>Address</u> **Type of Action** GEORGE GREEIBERG 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.) Dated

Page 2 of 2

Typed or printed name of signee

orized representative of a member

Filing Fee: \$25.00