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COVER LETTER

TO: Registration of	on Section f Corporations		
SUBJECT:	SHINING STA	R CONSULTING LLC	
	Name of Lim	ited Liability Company	
	es of Amendment and fee(s) are sul	•	
	М	ICHAEL CORAGGIO	
		Name of Person	
•	SHININ	G STAR CONSULTING LLC	
		Firm/Company	
2950 NE 188TH STREET #530		2011 AUG 11 SEGKETARN TALLIAHASSI	
		Address	
	A	VENTURA, FL. 33180	m-\
	City/State and Zip Code		
IMENOFF@HOTMAIL.COM		OF STA	
	E-mail address: (to be used for future annual report notification)	PM J; STATE F STATE FLORIDA
For further informat	ion concerning this matter, please of	eali:	>
МІС	CHAEL CORAGGIO	at (786) 325-	0110
Na	nme of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: egistration Section	STREET/COURIER AI Registration Section	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHINING STAR CONSULTING	G LLC.	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	10/1/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
The new name must be distinguishable and end with the words "Limited Liability Com"L.L.C."	pany," the designation "LI	C of this abit alion
Enter new principal offices address, if applicable:		ASA =
(Principal office address MUST P.E. A STELLET, 18-3-3-3-3-4		
		TIATE STATE
B. If amending the registered agent and/or registered office address on	our records, enter th	e name of the new
New Registered Office Address:		
-		
	, Florida	#
· · · · · · · · · · · · · · · · · · ·		
I hereby accept the appointment as registered agent and agree to act in this	capacity. I further agre	e to comply with
accept the obligations of my position as registered agent as provided for in	Chapter 608, F.S. Or. ij	this document is
company has been notified in writing of this change.	in maile in the ten	
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7 ...:....

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 **Type of Action** <u>Title</u> Name **Address** MGMR MICHAEL CORAGGIO 2950 NE 188TH STREET #530 **✓** Add Remove AVENTURA FL. 33180 ☐ Add Remove ☐ Add Remove □ Add Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE ONLY CHANGE BEING MADE TODAY AUGUST 3RD IS THAT SHINING STAR CONSULTING LLC IS ADDING MICHAEL CORAGGIO AS A MANAGING MEMBER... AUGUST 3RD 2011 Dated Signature of a member or authorized representative of a member MICHAEL CORAGGIO

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00