

L110VVU23349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

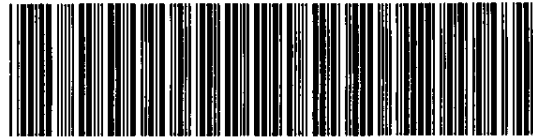
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A

Office Use Only

B. KOHR
APR 19 2012
EXAMINER



300227005013

04/16/12--01016--024 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 16 PM 4:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2012

ISSA INNABI
12628 LAKE RIDGE CIR
CLERMONT, FL 34711

SUBJECT: FOUR STARS SHELL "LLC"
Ref. Number: L11000023349

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 16 PM 4:01

We have received your document for FOUR STARS SHELL "LLC", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00009283

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 16 PM 4:01

Four Stars Shell 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 2/24/2011 and assigned Florida document number L11000023349.

This amendment is submitted to amend the following:

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

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)

12628 Lake Ridge Circle

Clermont, Florida 34711

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:

Issa Innabi

New Registered Office Address:

12628 Lake Ridge Circle

Enter Florida street address

Clermont FL, Florida 34711

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.

[Signature]
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:

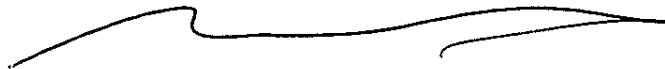
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marleen B. Ogla	2441 Holly Ridge Ct Clermont FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Richard M. Ogla	2441 Holly Ridge Ct Clermont FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Issa Innabi	12628 Lake Ridge Circle Clermont FL 34711	<input checked="" type="checkbox"/> Add <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

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

Dated 6/12/12



Signature of a member or authorized representative of a member

Issa Innabi

Typed or printed name of signee