## 111000039564

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DIVISION OF CORPORATIONS
TALLAHASSEE. FLORIDA

RECEIVED

SECRETARY OF STATE

T. HAMPTON SEP - 7 2011

EXAMINER

## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	Two Star Charlotte	e, LLC
	Name of Limited Liability Co	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing	g.
Please return	n all correspondence concerning this matter to the following	g:
	Jason A.	
	Name of F	rerson
	Two Star Cha	
	Firm/Con	ıpany
	PO Drawe	er 8647
	Addres	SS
	Dothan, AL	. 36304
	City/State and	
	jasonawiles@c E-mail address: (to be used for fute	gmail.com are annual report notification)
For further in	nformation concerning this matter, please call:	•
	Jason A. Wiles at (_85	
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	t check for the following amount:	
<b>✓</b> \$25.00 Fi	Certificate of Status Certified	ling Fee & S60.00 Filing Fee, I Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration Section Division of Corporations P.O. Box 6327	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

FILED

11 869 -7 BM 1: W

Two Star Ch	arlotte, LLC	\$\$ C\$\$	MAN OF STATE
I WO Star Ch ( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records." L IALLAH	ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	April 4, 2011	and assigned
Florida document numberL11000039564			
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liab	me, enter the new name of the limited liability company here:  De distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation all offices address, if applicable:  De distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation all offices address, if applicable:  Description of the new registered agent and/or registered office address on our records, enter the name of the new address there:  Description of the new registered agent and/or registered office address on our records, enter the name of the new address there:  Description of the new registered office address here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	900 Kings Hi	ghway	
(Principal office address MUST BE A STREET ADDRESS)	• "		
Enter new mailing address, if applicable:	PO Drawer 8	647	
If amending the registered agent and/or registered office address on our records	6304		
D. 16		·	
B. It amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on ( <u>e</u> :	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	·ess
		, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

D. If amending any other information, e		Add Remove  Add Remove  Add Remove  Add Remove
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. If amending any other information, e		Remove Add Remove Add Remove Add Add
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		mg <b>g m</b>
September 7	1.2011	-: II
TaxAN	lli	A .
S Vgnature	of a member or authorized representative of a member	er

Page 2 of 2

Filing Fee: \$25.00