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SECRETARY OF STATE
ALLAHASSEE, FLORING

D. BRUCE

DEC 08 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TWO	STAR CHARLOTTE,	LLC			
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondence	ondence concerning this matter	r to the following:			
	PHILIP HOLLA	ND, CFO			
		Name of Person			
	TWO STAR CH	ARLOTTE, LLC			
		Firm/Company			
	POST OFFICE	DRAWER 8647			
		Address	***	~·•	
	DOTHAN, ALAB.	AMA 36304	7		
		City/State and Zip Code	- }	通用	
	Pholland@aet	llc.com	S	78. AWA	<u></u>
	E-mail address: (to be used for future annual report notificatio	u) [1		m
For further information c	oncerning this matter, please of	call:	£[.C	# STZ:	Ö
JASON A. WI	LES	850 766-2006)ais(A 100	
Name o	f Person	Area Code & Daytime Tele	phone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional)	of Status & opy	losed)
Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 on04/04/2011 and assigned Florida document number	TWO STAR CHAR	LOTTE, LLC			
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 abbrevia "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida 32301-1263 City To Color	(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on oblity Company)	our records.)	
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 abbrevia "LLC.". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT CHARLOTTE, FLORIBE 33080 PORT CHARLOTTE, FLORIBE 33080 PORT CHARLOTTE, FLORIBE 30080 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida 32301-1263 City Zip Code	_		vere filed on 04/04	/2011	and assigned
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 abbrevia "LL.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT CHARLOTTE, FLORIDA 33080 PORT CHARLOTTE, FLO	Florida document numberL1100003956	<u>64</u> 			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT CHARLOTTE, FLORIDAE 33880 PORT CHARLOTTE, FLORIDAE 3880 PORT	This amendment is submitted to amend the foll	owing:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: LEVINE & STIVERS LLC New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE , Florida 32301-1263 Zip Code	A. If amending name, enter the new name o	f the limited liabili	ty company here:		
PORT CHARLOTTE, FLORIBAC 333880 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 negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address Enter Florida 32301-1263 City To Dec 10 10 10 10 10 10 10 10 10 10 10 10 10		th the words "Limited	d Liability Company," th	he designation "LLC	" or the abbrevia
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 nergistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LEVINE & STIVERS LLC New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE , Florida 32301-1263 City Zip Code	Enter new principal offices address, if applic	able:	900 KING HIG	НWАҮ	
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 management registered agent and/or the new registered office address here: Name of New Registered Agent: LEVINE & STIVERS LLC New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE Florida 32301-1263 City Zip Code	(Principal office address MUST BE A STREE	ET ADDRESS)		5 .	<i>t</i>
Mame of New Registered Agent: New Registered Office Address: LEVINE & STIVERS LLC New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE TALLAHASSEE TALLAHASSEE TO DO			PORT CHARLOT	TE, FLORIDA	33 9 80
Mame of New Registered Agent: New Registered Office Address: LEVINE & STIVERS LLC New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE TALLAHASSEE TALLAHASSEE TO T	Enter new mailing address, if applicable:			HASSE	
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: LEVINE & STIVERS LLC New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE , Florida 32301-1263 City Zip Code	••••••••••••••••••••••••••••••••••••••			.न च	3 W
B. If amending the registered agent and/or registered office address on our records, enter the name of the management registered agent and/or the new registered office address here: Name of New Registered Agent:					
Name of New Registered Agent: New Registered Office Address: LEVINE & STIVERS LLC				3A	-
Name of New Registered Agent: LEVINE & STIVERS LLC 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE , Florida 32301-1263 City Zip Code	B. If amending the registered agent and/	or registered offic	ce address on our re	ecords, enter the	name of the n
New Registered Office Address: 245 EAST VIRGINIA STREET Enter Florida street address TALLAHASSEE , Florida 32301-1263 City Zip Code	registered agent and/or the new registered of	mce address nere:			
Enter Florida street address TALLAHASSEE , Florida 32301 – 1263 City Zip Code	Name of New Registered Agent:	LEVINE &	STIVERS LLC		
TALLAHASSEE , Florida 32301-1263 City Zip Code	New Registered Office Address:	245 EAST			
City Zip Code	.		Enter Florida s		3
·		TALLAHASS	EE	, Florida <u>323</u>	01-1263
Now Designated Agent's Signature if changing Designary Agent:			City	2	Zip Code
New Registered Agent 5 Signature, it changing Registered Agent.	New Registered Agent's Signature, if changing l	Registered Agent:			
	I hereby accept the appointment as registere the provisions of all statutes relative to the p				

If Changing Registered Agent, Signature of New Registered Agent

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 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CFO	PHILIP HOLLAND	104 BILLY SNELL ROAD	⊠ Add
		DOTHAN, ALABAMA 36301	Remove
			Add Remove
			Add Remove
			Add Remove
			☐ Add ☐ Remove
			AddRemove
D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	 ry.)
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Dated <u>N</u>	ovember 15 . 201	1	18:21 D
	1 1	er or authorized representative of a member	
		thorized Representative of a m	lember

Page 2 of 2

Filing Fee: \$25.00