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B. BOSTICK
SEP 8 2011
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration S Division of Co	Section orporations			
SUBJI	ECT:	JA	Stars, LLC		
		<del></del>	ited Liability Company		
The en	aclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	pondence concerning this matte	r to the following:		
			Leah Parisian	<u> </u>	
			Name of Person		
			JA Stars, LLC		
			Firm/Company	75.5	
		15	500 Ocean Drive, #607	11 SEP	5
		<del></del>	Address	ASSEE, FLO	
		M	Miami Beach, FL 33139		
			City/State and Zip Code		1
	•	leah	@darkstar-partners.com	TE A	
			to be used for future annual report notificati	on)	
For fur	ther information	concerning this matter, please of	call:		
	L	eah Parisian	at (561) 57	2-5779	
Name of Person		of Person	Area Code & Daytime Telephone Number		
		the following amount:			
<b>\$25</b>	0.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	√\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
	MAII	LING ADDRESS:	STREET/COURIER	ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section	Registration Section Division of Corporatio	•	
		Box 6327	Clifton Building 2661 Executive Center	•	

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA	A Stars, LLC	·			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now apper Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability C	ompany were filed on	May 20, 2011	and assigned		
Florida document number L11000060006					
	_	<b>v</b>			
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limi</u>	ted liability company he	ere:			
	,				
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	pany," the designation "Ll	LC" or the abbreviation		
Enter new principal offices address, if applicable:			Ze = '		
(Principal office address MUST BE A STREET ADDR	ESS)		AF SE -		
			ing i		
	-		Mo - M		
Enter new mailing address, if applicable:		•	四次 50		
(Mailing address MAY BE A POST OFFICE BOX)					
	· · · · · · · · · · · · · · · · · · ·				
			- <del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter th	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
<del></del>	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, 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 **Title** <u>Name</u> <u>Address</u> MGR JARED D LEHN 1504 BAY ROAD #C2012 ☐ Add MIAMI BEACH, FL 33139 LLS. ☐ Add Remove ☐ Add □ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 1 Signature of a prember or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

ALEXANDER L SHOGREN, MANAGER
Typed or printed name of signee