

411000122350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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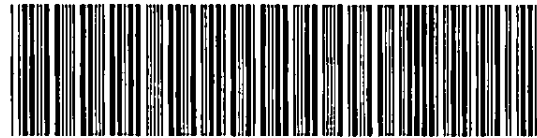
(Business Entity Name)

(Document Number)

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17 AUG 17 PM 4:28
DIVISION OF CORPORATIONS

O. GIMMONS
AUG 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR MOMENTS INVESTMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR TIBERGE
Name of Person
STAR MOMENTS INVESTMENTS, LLC
Firm/Company
5779 BIRD ROAD
Address
MIAMI, FL 33155
City/State and Zip Code
VICTORTIBERGE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR TIBERGE at (786) 508-8892
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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**

STAR MOMENTS INVESTMENTS, 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 10/26/2011 and assigned
Florida document number L11000122350.

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 contain 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)

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:

VICTOR TIBERGE

New Registered Office Address:

5779 BIRD ROAD

Enter Florida street address

MIAMI

City

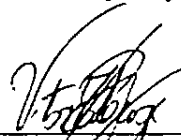
Florida

33155

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	ESTRELLA GONZALEZ	5779 BIRD ROAD, MIAMI, FL 33155	<input type="checkbox"/> Add
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_____ ☒ Remove

_____ ☐ Change

MGR	VICTOR TIBERGE	5779 BIRD ROAD, MIAMI, FL 33155	<input checked="" type="checkbox"/> Add
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_____ ☐ Remove

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DISCLOSED
AUG 17 PM 4:28
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17 AUG 17 11
DIVISION OF CERTIFICATIONS

17 AUG 17 PM 4:26
DIVISION OF CONSERVATION

FILED

8/13/2017

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/13/2017, 3:00 PM.

Asterla Agaly Vania

Signature of a member or authorized representative of a member

Estrella González Viana.

Typed or printed name of signee