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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 JAN 15 PM 2:15

B. LOGSTON
JAN 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **New Home Star Florida Management 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:

Raymond Reinhardt

Name of Person

New Home Star

Firm/Company

500 N Michigan Avenue, Ste 600

Address

Chicago, IL 60613-3754

City/State and Zip Code

operations@newhomestar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Reinhardt

Name of Person

at **312 813-8579**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL
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New Home Star Florida Managment LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	David Bonnsman	553 Cardinal Oaks Court	<input checked="" type="checkbox"/> Add
		Lake Mary, FL 32746	<input type="checkbox"/> Remove
MGR	Curt Roese	37 North Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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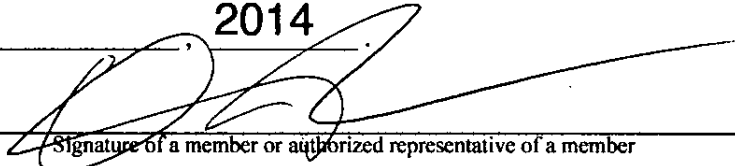
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **January 14** **2014**



Signature of a member or authorized representative of a member

David M. Rice

Typed or printed name of signee

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TALLAHASSEE, FLORIDA