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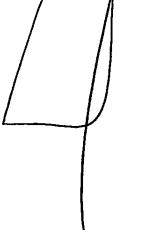
(Requestor's Name)			
(Address)	7002511342		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name) (Document Number)	08/29/130101401		
.Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	C TALLS		
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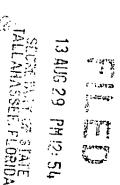
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₩100.00





COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neotro Star Collision IV, 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:

Reinaldo Castellanos, Esq.

Name of Person

Reinaldo Castellanos, P.A.

Firm/Company

9960 Bird Road

Address

Miami, Florida 33165

City/State and Zip Code

rey@castellanoslaw.com

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

For further information concerning this matter, please call:

Reinaldo Castellanos, Esq.

305-223-8744

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

Neotro Star Collision III, LLC				·
(Name of the Limited Li (A F	ability Compan orida Limited Li	y as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number L12000101679				and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liabi	lity company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Company," the d	esignation "LLC"	or the abbreviation
Enter new principal offices address, if applicab	le:	9960 Bird Road		
(Principal office address MUST BE A STREET.	ADDRESS)	Miami, Florida 3316	5 <u>€</u> \$	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or		9960 Bird Road Miami, Florida 3316		
registered agent and/or the new registered office	e <u>address here</u>	:	<u> </u>	
Name of New Registered Agent:	Reinaldo Ca	astellanos, Esq	<u> </u>	
New Registered Office Address:	9960 Bird R		7	
			la street address	
	Miami	,	Florida 33165	5
		City	Z	lip Code
New Registered Agent's Signature, if changing Reg	gistered 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, Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Perez	10800 Biscayne Blvd., suite 988	Add
		Miami, Florida 33161	Remove
MGR	Maria Perez	9960 Bird Road	_ 🗹 Add
		Miami, Florida 33165	Remove
		ALLAHASSEE FLORIDA	,
			Add Remove
			Add
			Kemove

. If amending any othe	er information, en	tter change(s) here: (Attach additional sheets, if necessary	v.)
August	260	2013	
ted	9	Partillano	
	Signature of	f a member or authorized representative of a member	
Reinalde	o Castellanos	s, Esq.	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

13 AUG 29 PH 12: 54

SEUNG DARY OF STATE

TALLAHASSEE, PLORID.