## 1710000101691

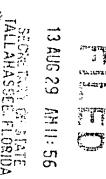
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000251134240

08/29/13--01014--015 \*\*100.00



## **COVER LETTER**

TO: Registration Section Division of Corporations

URIECT: Neotro Star Collision III, 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)

Q\$60.00 Filing Pee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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, LI			·	
( <u>Name of the Limited</u>	Liability Compar Florida Limited L	ny as it now appears on our recliability Company)	cords.)	
The Articles of Organization for this Limited L Florida document number <u>L12000101691</u>	iability Company	were filed on August 10, 2	2012 and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and end with L.L.C."	th the words "Limi	ted Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		9960 Bird Road		
(Principal office address MUST BE A STREET ADDRESS)		Miami, Florida 33165		
Enter new mailing address, if applicable:		9960 Bird Road	TO BE STORY OF THE	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33165		
B. If amending the registered agent and registered agent and/or the new registered o			s, enter the name of the new	
Name of New Registered Agent:	Reinaldo Castellanos, Esq			
New Registered Office Address:	9960 Bird F	Road		
		Enter Florida	street address	
	Miami	, F	lorida 33165	
		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 Title Name **Address** Type of Action Maria Perez **MGR** 10800 Biscayne Blvd., suite 988 Miami, Florida 33161 Remove Maria Perez 9960 Bird Road MGR Miami, Florida 33165

. If amending any o	ther information, e	ter change(s) here: (Attach addition	onal sheets, if necessary.)
•	•		
<del></del> -			
	<u></u>		<u></u>
	<del></del>	<del></del>	
August	20	2013	
		D 44	
,		L'artitlaur	
Doine		f a member or authorized representativ	e of a member
Rema	ldo Castelland		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

13 AUG 29 AM II: 56
SECRETARI OF STATE
JALLAHASSEE, FLORID.