

L12000151443

(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



900262366629

08/04/14--01022--007 \*\*60.00

FILED  
14 AUG -6 PM 1:51  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**To:** Registration Section  
Division of Corporations

**SUBJECT:** Star One Maid 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:

Kevin M. Kohl

Name of Person

The Kohl Law Firm

Firm/Company

P.O. Box 432

Address

Lake Wales, FL 33859

City/State and Zip Code

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

For further information concerning this matter, please call:

Eugenio Quiles

Name of Person

at 407 929-3987

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 One Maid 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 01/01/2013 and assigned  
Florida document number L12000151443.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 6988 Orange Avenue  
Indian Lake Estates, FL 33855  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: P.O. Box 7275  
Indian Lake Estates, FL 33855  
(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: Eugenio Quiles  
New Registered Office Address: 6988 Orange Avenue  
Enter Florida street address  
Indian Lake Estates, Florida 33855  
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 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.*

*Eugenio Quiles*  
If Changing Registered Agent, Signature of New Registered Agent

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>                      |
|--------------|----------------|-------------------------------|--|
| CEO          | Evelyn Pintado | 6610 Orlando Drive            | <input type="checkbox"/> Add               |
|              |                | Indian Lake Estates, FL 33855 | <input checked="" type="checkbox"/> Remove |
| MGR          | Eugenio Quiles | 6988 Orange Avenue            | <input checked="" type="checkbox"/> Add    |
|              |                | Indian Lake Estates, FL 33855 | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |

1/AUG - 4 PM: 5/1  
TALLAHASSEE, FLORIDA

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 July 30, 2014



Signature of a member or authorized representative of a member

Eugenio Quiles

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 AUG -4 PM 1:51  
CLERK OF COURT  
JAIL, BASS-118A00A