

L12000151065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

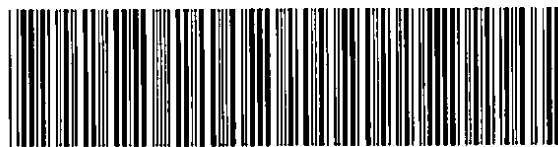
(Business Entity Name)

(Document Number)

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17 DEC -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC -4 AM 9:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Star Construction & Restoration 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:

Beverly Pickens
Name of Person

Star Construction & Restoration
Firm/Company

9575 Via Lago Way
Address

Ft. Myers FL 33912
City/State and Zip Code

StarConstructionFL@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Pickens at (815) 703-1874
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Star Construction & Restoration 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 Nov. 27, 2017 and assigned Florida document number L12000152065.

This amendment is submitted to amend the following: (Tax ID # 27-1441468)

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)

| | |
|-------------|-------------------|
| FILED | 17 DEC -4 AM 9:34 |
| CLERK OF | |
| TALLAHASSEE | |
| FLORIDA | |

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

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> |
|-----------------|-----------------|----------------------|--|
| Officer MGR. | Beverly Pickens | 9575 Via Lago Way | <input type="checkbox"/> Add |
| | | Ft. Myers. FL. 33912 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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E. Effective date, if other than the date of filing: 11-28-17 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11-28 . 2017

James Pickens
Signature of a member or authorized representative of a member

James Pickens - President
Typed or printed name of signer

From: Sarah Kobold <skobold@whc-cpas.com>

To: [corpaddresschange <corpaddresschange@dos.myflorida.com>](mailto:corpaddresschange@dos.myflorida.com)

Cc: Star Construction & Restoration, LLC <starconstructionfl@aol.com>; Bev Pickens <bevspick25@aol.com>;
Doug Wiebel <dwiebel@whc-cpas.com>

Subject: Changes - L12000152065 Star Construction & Restoration, LLC

Date: Mon, Nov 27, 2017 2:45 pm

Attachments: image001.jpg (11K)

Hi,

COPY

RE Doc. # L12000152065

We are the accountants for Star Construction & Restoration, LLC. It was recently found that the EIN that is listed on Sunbiz is incorrect. The company has always had an EIN but when the company was registered on Sunbiz a new number 46-1507455 seemed to appear.

The following changes need to be made to the registration:

1. The CORRECT EIN number is 27-1441468.
2. The company moved the beginning of this year to 9575 Via Lago Way, Fort Myers, FL 33912.
3. Only one officer in the company which is James Pickens, 9575 Via Lago Way, Fort Myers, FL 33912.
4. Email address: starconstructionfl@aol.com

Can you please process the changes for the company and let us know should you require any additional information. We can be reached at skobold@whc-cpas.com or 239-992-6211.

Have a great day,

Sarah Kobold

WIEBEL HENNELLS & CARUFE, PLLC

Certified Public Accountants

9420 Bonita Beach Road, Suite 200

Bonita Springs, FL 34135

239-992-6211

239-992-6207 (fax)

www.whc-cpas.com



WIEBEL HENNELLS & CARUFE, PLLC

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