

L13000016069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

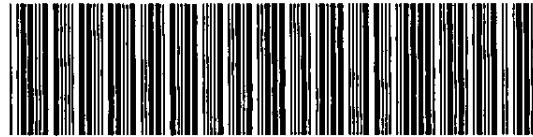
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600253223836

10/28/13--01005--016 **30.00

FILED

2013 OCT 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2013

11/1/13 11:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dark Star Entrepreneurial Solutions, 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:

Thomas M Daiello

Name of Person

Firm/Company

2198 Majestic Court N

Address

Naples, FL 34110

City/State and Zip Code

michaeldaiello@yahoo.com

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

For further information concerning this matter, please call:

Mike

at (239) 825-6880

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**

Dark Star Entrepreneurial Solutions, 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 January 30, 2013 and assigned
Florida document number L13000016069

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:

(Principal office address MUST BE A STREET ADDRESS)

2198 Majestic Court N

Naples, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2198 Majestic Court N

Naples, FL 34110

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:

2198 Majestic Court N

Enter Florida street address

Naples

City

, Florida 34110

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

FILED
2013 OCT 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

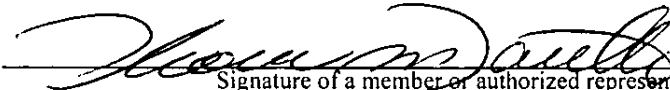
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 28 PM 3:02

FILED

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

Dated October 24, 2013.



Signature of a member or authorized representative of a member

Thomas M Daiello

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA