# 413000034649

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2013 OCT 24 AM 8: 5

FILED

OCT 2 5 2013

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MAC STAR LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
MARIA KOGER  Name of Person
MAC STAR UC Firm/Company
19620 EAST OAKMONT DRIVE
Miami FC 33015
Miami FC 330/5  City/State and Zip Code  WE ASEC 9/85 @ GMAic. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA ROGER at (305) 942-9590  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (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



RECEIVED

13 OCT 24 PM 3: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 14, 2013

MARIA E ROGER 19620 E OAKMONT DR MIAMI, FL 33015

SUBJECT: MACSTAR, LLC Ref. Number: L13000034649

We have received your document for MACSTAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 713A00024024

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<i>ν</i> <u> </u>	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears of Liability Company)	our records.
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on $\frac{3}{1}$	SECRETARY  AND SECRETARY  AHASS
This amendment is submitted to amend the following:		F R
A. If amending name, enter the new name of the limited lial	bility company here:	STATE LORIDA
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	19620 E	AST OAKMONT DRIVE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI	FL 33015
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enton	Florida street address
	Enter i	
	City	, Florida Zip Code
	~ <i>y</i>	Lip 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 <u>Title</u> <u>Name</u> Address Type of Action Add Remove Remove Add Remove Remove Add Remove Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	10-21-13
ed	Miles , Sak
	Signature of a member or authorized representative of a member
	MARIA ROGER

Page 3 of 3

Filing Fee: \$25.00

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