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SECRETARY OF STATE
ALLARIANCE EL GORA

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## **COVER LETTER**

TO: Registration Section . Division of Corporations
SUBJECT: Lucky Star Management 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:
Elena Sinenko  Name of Person  Lucky Star Management LLC  Firm/Company  #2C - 3046 Del Prado Blvd. Signification  Address  Cape Coral Fl 33904  City/State and Zip Code  e. M. Sinenko a genail, com  E-mail address: (to be used for likuwe annual report notification)
For further information concerning this matter, please call:
Elena Sineuko at (778) 388-6941  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$1 \$55.00 Filing Fee & \$60.00 Filing Fee.

□ \$30.00 Filing Fee & Certificate of Status 13 \$55.00 Filing Fee & Certified Copy.

(Additional copy is analoged)

☐ \$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**

Lucky Star Man (Name of the Limited Liability Compa (A Florida Limited)	agement LU		
(Name of the Limited Liability Compa (A Florida Limited I	nny Mit now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13 00 00 5 7 7 2 5</u> .	were filed on <u>Maril 19, a</u>	2013 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	#2C - 3046 Del Cape Coral, Fl	Prado Blvd., 33904	S
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the Shame of the new	-
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address	D   2: 32	
	, Florida	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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Elena Sinenko	#2C-3046 Del	D Add
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	•	Coral, Fl 33904	& Change
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Filing Fee: \$25.00