

L13000072954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

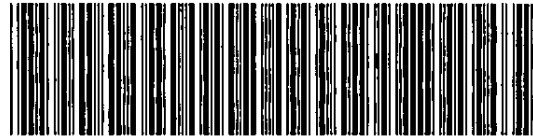
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100259539841

05/05/14--01007--014 \*\*25.00

FILED  
14 MAY -5 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 09 2014

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL Star Investments, 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:

David E. Torres

Name of Person

FL Star Investments, LLC

Firm/Company

7742 Alico Rd

Address

Fl. myers- FL 33912

City/State and Zip Code

david@flstardevelopment.com

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

For further information concerning this matter, please call:

David E. Torres

Name of Person

at (904) 762-4454

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input 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

FILED  
14 MAY -5 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Fl. Star Investments, LLC

3214

**MGR = Manager**  
**AMBR = Authorized Member**

FILED  
14 MAY - 5 PM 4: 26  
SECRETARY OF STATE  
ITALYAN, EUGENE

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

---

---

---

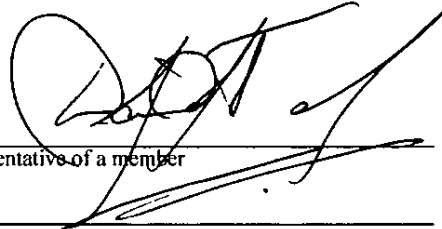
---

---

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 April 28, 2014.



Signature of a member or authorized representative of a member

David E. Torres

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 MAY -5 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA