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MAY 0 9 2014 S. YOUNG

COVER LETTER

	stration Section ion of Corporation	Ons	<i>*</i>	, 		
SUBJECT: _	Fl Sta	r Investi Name of Limit	ments, LLC led Liability Company			
						7
The enclosed	Articles of Amend	ment and fee(s) are subn	nitted for filing.			: 7
Please return a	all correspondence	concerning this matter to	o the following:			j
		Davic	A E Torres Name of Person		# 24 # 25	
		FL. Sta	r Investmen	ts, UC		
		7742	Alico Rd Address			
			Ollers - Fl 3 Chy/State and Zip Code	3912		
		E-mail address: (R	Chy/State and Zip Code Llstardevel be used for future annual report	ponent Cor	n	
For further inf	ormation concerni	ng this matter, please ca				
Doui	Name of Person	orres	at (<u>904</u>) <u>765</u> Area Code Da	ytime Telephone Number		
Enclosed is a	check for the follo	wing amount:				
■ \$25.00 Fil	-	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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**

_ Fl. Star Inves	
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L13000072</u>	ty Company were filed on05/17/2013_ and assigned
This amendment is submitted to amend the following	g:
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	s "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 A)	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
New Registered Agent's Signature, if changing Regis	•
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere	rent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability
VERSE E LESSYMMALIATES OF SECRETARIA	If Changing Registered Agent, Signature of New Registered Agent
ET A PARTIENCE	Page 1 of 3

Page 1 of 3

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Eller

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	David E. Torres	7742 Alico Rd	\$ Add
		7742 Alico Rd F4. myers - F1 33912	2_□ Remove
		□ Remove	
		□ Remove	
			_
			□ Add
			Remove
			Add
			□ Remove
			□ Add
	FILM SERVEY TAN AT		Remove
	EIFED		

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	`	
	,	
	-	
	-	
	-	
E.	Effect	tive date, if other than the date of filing: (optional)
	the dat	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	Dated	1 April 28 , 2014.
		Signature of a member or authorized representative of a member

Page 3 of 3

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