

#13000083248

Division of Corporations

Page 2 of 10

2014-10-21 16:38:43 (GMT)

3205071203 From: Monahan Mijares CPA Monahan Mi

20/10/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000244971 3)))



H140002449713ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305) 407-1438
Fax Number : (305) 397-1003

FILED
2014 OCT 21 AM 8:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 OCT 22 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAMSTAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

850-617-6381

10/20/2014 11:01:29 AM PAGE 1/001 Fax Server



October 20, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GAMSTAR LLC
10275 COLLINS AVENUE
APT # 1201
BAL HARBOUR, FL 33154US

SUBJECT: GAMSTAR LLC
REF: L13000083248

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return 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) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H14000236473
Letter Number: 114A00022381

RECEIVED
14 OCT 22 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

850-617-6381

10/21/2014 9:54:01 AM PAGE 1/001 Fax Server



October 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GAMSTAR LLC
10275 COLLINS AVENUE
APT # 1201
BAL HARBOUR, FL 33154US

SUBJECT: GAMSTAR LLC
REF: L13000083248

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000244971
Letter Number: 814A00022471

RECEIVED
14 OCT 22 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

850-817-6381

10/22/2014 12:24:42 PM PAGE 1/001 Fax Server



October 22, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GAMSTAR LLC
10275 COLLINS AVENUE
APT # 1201
BAL HARBOUR, FL 33154US

SUBJECT: GAMSTAR LLC
REF: L13000083248

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Upon receipt of your fax audit sheet no document was attached. Please resubmit.

Please return 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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000244971
Letter Number: 114A00022628

RECEIVED
14 OCT 22 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gamstar, 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:

Roark R. Monahan

Name of Person

Monahan Mijares CPA, PA

Firm/Company

75 Valencia Avenue, St 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@mma.com.ve

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

For further information concerning this matter, please call:

Roark R. Monahan

Name of Person

at (**305**) **4071439**

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

Gamstar, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 OCT 21 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 06, 2013 and assigned
Florida document number L13000083248

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luis Alberto Avenali	2444 Julian Alvarez Street, Apt 5B	<input type="checkbox"/> Add
		Ciudad Autonoma de Buenos Aires	<input checked="" type="checkbox"/> Remove
		C1425-DHK AR	
AMBR	Maria Belen Avenali	10275 Collins Av, Apt 1201	<input checked="" type="checkbox"/> Add
		Bal Harbour, Fl 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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

FILED
OCT 21 AM 8:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Change of Address for Pablo L Avenali and Hugo I Avenali from

2444 JULIAN ALVAREZ STREET, APT 5B, CIUDAD AUTONOMA DE BUENOS AIRES C1425-DHK AR

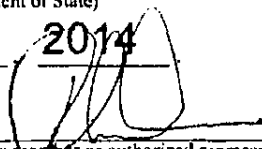
to 10275 COLLINS AVENUE Apt 1201 Bal Harbour, FL 33154

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 October 21

2014



Signature of a member or authorized representative of a member

Roark R. Monahan

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2014 OCT 21 AM 8:09
CLERK OF STATE
TALLAHASSEE, FLORIDA