#13000094100

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SECRETARY OF STATE
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K. SALY EXAMINER FEB 2 0 2014

COVER LETTER

TO:

Registration Section Division of Corporations

LAKE STAR PARTNERS, 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:

ROBERT P. SALTSMAN

Name of Person

Robert P. Saltsman & Associates

Firm/Company

P.O. Box 2146

Address

Winter Park, FL 32790-2146

City/State and Zip Code

bob@saltsmanpa.com

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

For further information concerning this matter, please call:

Nancy J. Calhoun

,,407<u>,</u>647-2899

Name of Person

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

FILED
COTA FEB 10
SECRETARY OF STATE

LAKE STAR PARTNERS, LLC

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

FLORIO The Articles of Organization for this Limited Liability Company were filed on JULY 1, 2013 and assigned Florida document number L13000094100 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 219 PENN, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 222 S. PENNSYLVANIA AVENUE, SUITE 200 (Principal office address MUST BE A STREET ADDRESS) Winter Park, FL 32790-2146 Enter new mailing address, if applicable: P.O. Box 2146 (Mailing address MAY BE A POST OFFICE BOX) Winter Park, FL 32790-2146 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 , Florida City

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>	Address	Type of Action
MGR	Tombstone Capital Partners, LLC	P.O. Box 2146	= Add
		Winter Park, FL 32790-214	Remove
MGR	Harry H. Falk	222 S. PENNSYLVANIA AVENUE, SUITE 20	 00 □ Add
		Winter Park, FL 32789	Remove
MGR	Dell Avery	222 S. PENNSYLVANIA AVENUE, SUITE 20	 00 □ Add
		Winter Park, FL 32789	= Remove
			□ Add
			_□ Remove
			_□ Add
			_□ Remove
			_□ Remove

 If amending any other information, enter change(s) her 	e: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or the date this document is filed by the Florida Department of State)	(optional) iled date and cannot be more than 90 days after
February 18 2014	
Poht Call Man. Signature of a member or auth	_
Signature of a member or auth ROBERT P. SALTSMAN	orized representative of a member
	ed name of signee

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Filing Fee: \$25.00