

\*L13000098262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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

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2014 NOV 12 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
NOV 14 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2014

ZACHARY'S AUTO SALES LLC  
JOHN PRADOS  
302 DUNDEE RD.  
DUNDEE, FL 33838

SUBJECT: ZACHARY'S AUTO SALES LLC  
Ref. Number: L13000098262

We have received your document for ZACHARY'S AUTO SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 114A00019374

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZACHARY'S AUTO SALES 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:

MELANIE PRADOS

\_\_\_\_\_  
Name of Person

STARSTRUCK PRODUCTIONS LLC

\_\_\_\_\_  
Firm/Company

302 HWY 542

\_\_\_\_\_  
Address

DUNDEE FL 33838

\_\_\_\_\_  
City/State and Zip Code

*melanie@littlemisstarstruck.com*

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

For further information concerning this matter, please call:

MELANIE PRADOS

407

810-5564

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

ZACHARY'S AUTO SALES LLC.

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/11/2013 and assigned  
Florida document number L13000098262.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

STARSTRUCK PRODUCTIONS LLC.

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:**

302 HWY 542

**(Principal office address MUST BE A STREET ADDRESS)**

DUNDEE FL 33838

**Enter new mailing address, if applicable:**

302 HWY 542

**(Mailing address MAY BE A POST OFFICE BOX)**

DUNDEE FL 33838

**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:

MELANIE PRADOS

New Registered Office Address:

302 HWY 542

Enter Florida street address

DUNDEE

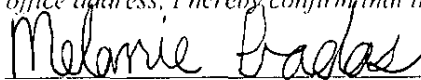
City

Florida 33838

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>
MGR	LISA GARCIA	302 DUNDEE RD	<input type="checkbox"/> Add
		DUNDEE FL 33838	<input checked="" type="checkbox"/> Remove
MGR	MELANIE PRADOS	302 HWY 542	<input checked="" type="checkbox"/> Add
		DUNDEE FL 33838	<input 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

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

N/A

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

LISA GARCIA

Typed or printed name of signee

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Filing Fee: \$25.00

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