# L17000107672

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	STAR PLANET APPARELL LLC		
0000	Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	OSCAR VILLEGAS		
	Name of Person		
	STAR PLANET APPARELL LLC		
Firm/Company			
	9022 NE 8TH AVENUE 2Q		
	Address		
	MIAMI FLORIDA 33138		
	City/State and Zip Code		
	futureplans06@gmail.com		
	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:		
	OSCAR VILLEGAS <sub>at (</sub> 786 <sub>)</sub> 4166605		
•	Name of Person Area Code Daytime Telephone Number		

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### STAR PLANET APPARELL LLC

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

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)		
he Articles of Organization for this Limited Liability Company were filed on 07/30/2013 and assigned lorida document number L13000107672			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.1C."	
Enter new principal offices address, if applicable:	9022 NE 8TH AVENUE 2Q		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI SHORES FLORIDA	33138	
Enter new mailing address, if applicable:	9022 NE 8TH AVENUE 2Q		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI SHORES FLORIDA 33138		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		314	
	Enter Florida street address . Florida	7 19 P	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		05 T	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I ai provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is	

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 = M AMBR = A	lanager uthorized Member	
<u>Title</u>	Name	Address Type of Action
AMBR	OSCAR VILLEGAS	9022 NE 8TH AVENUE 2Q
		MIAMI SHORES FL 33138 Remove
AMBR	HAYDEE RAMIREZ	9022 NE 8TH AVENUE 2Q ■ Add
		MIAMI SHORES FL 33138
		Add
<del>-</del>		
		A Remove  A A A A A A A A A A A A A A A A A A A
	<del></del>	Add

D. It amending any other in	formation, enter change(s) here: (Attach adaitional sheets, if necessary.)
THE BUSINES	SS TITLES ON THE OWNERS WERE INCORRECT.
I HAD PRES	SIDENT AND MANA ON THERE BEFORE.
I CHANGE I	T NOW TO AMBR
	an the date of filing:(optional)  fic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
Dated 1 MAY	2014
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member OSCAR VILLEGAS

Page 3 of 3

Filing Fee: \$25.00

14 MAY 19 & 11: 15
SECRETAL FOR STATE
TALLAHASSEE FLORID

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. W. P. P.