

L13000107672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

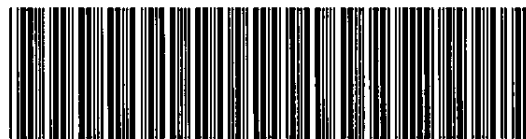
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR PLANET APPARELL 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:

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 further information concerning this matter, please call:

OSCAR VILLEGAS at (786) 4166605

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

STAR PLANET APPARELL LLC

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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	OSCAR VILLEGAS	9022 NE 8TH AVENUE 2Q	<input checked="" type="checkbox"/> Add
		MIAMI SHORES FL 33138	<input type="checkbox"/> Remove
AMBR	HAYDEE RAMIREZ	9022 NE 8TH AVENUE 2Q	<input checked="" type="checkbox"/> Add
		MIAMI SHORES FL 33138	<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.)*

THE BUSINESS TITLES ON THE OWNERS WERE INCORRECT.

I HAD PRESIDENT AND MANA ON THERE BEFORE.

I CHANGE IT NOW TO AMBR

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 1 MAY

2014



Signature of a member or authorized representative of a member

OSCAR VILLEGAS

Typed or printed name of signee

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Filing Fee: \$25.00

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