## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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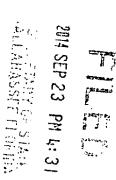
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EFFECTIVE DATE 100114



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09/23/14--01011--013 \*\*25.00



SEP 26 2016

## COVER LETTER 🖨

TO: Registration Section Division of Corporations	*
SUBJECT: Star Plant Apperel 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 VILLEGES	
V tallio or totali	
Firm/Company	
9002 NE 8th Avenue	
Miami Shorts, FL 33131	
City/State and Zip Code	No.
E-mail address: (to be used for future annual report notification)	SEP
For further information concerning this matter, please call:	23
OSCAR VILLEGES 21 (305) 877-6130	P. P.
Name of Person Area Code Daytime Telephone Number	5 43 E
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

**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

ell Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 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

Page 1 of 3

EFFECTIVE DATE 10/81/14

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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		-	Add
			□ Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
	·		
			□ Remove
			Add
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			2014
	<u> </u>		A Add 22 State
			Remove
			4: 32
			Add
			Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(The effective	date, if other than the date of filing:
Dated	9-19-2014
Dated	9-19-2014  Signature of a mornbor or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2014 SEP 23 PM 4: 32