

L17000171567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

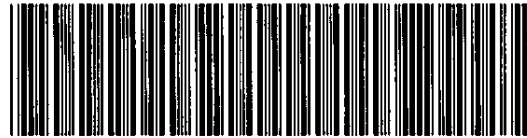
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500267565565

12/18/14--01005--004 **30.00

FILED
15 JAN -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delivers JAN 16 2015

2546



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2014

THREE STAR TRADING LLC

8724 SUNSET DR #470
MIAMI, FL 33173

SUBJECT: 3 STAR INVESTMENTS LLC
Ref. Number: L13000171567

We have received your document for 3 STAR INVESTMENTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00027114

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THREE STAR TRADING 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:

CESAR MOLINA

Name of Person

THREE STAR TRADING LLC

Firm/Company

8724 SUNSET DRIVE #430

Address

MIAMI, FL 33173

City/State and Zip Code

CESAR@3STARSRE.COM

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

For further information concerning this matter, please call:

CESAR MOLINA

786
at ()

306-2362

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

sent already

☐ \$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**

THREE STAR TRADING LLC

(Name of the Limited 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 12/11/2013 and assigned
Florida document number L13000171567.

This amendment is submitted to amend the following:

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

3 STARS CAPITAL, 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:

8724 SUNSET DRIVE #430

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33173

Enter new mailing address, if applicable:

8724 SUNSET DRIVE #430

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33173

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:

MOLINA, CESAR E

New Registered Office Address:

8724 SUNSET DRIVE #430

Enter Florida street address

MIAMI

City

, Florida

33173

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>
MGRM	MOLINA, CESAR E	8724 SUNSET DRIVE #430	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33173	<input type="checkbox"/> Remove
MGRM	RAJAB, ANUAR	8724 SUNSET DRIVE #430	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33173	<input type="checkbox"/> Remove
MGRM	SABAGH, JOHNY J	8724 SUNSET DRIVE #430	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33173	<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

15 JAN - 6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

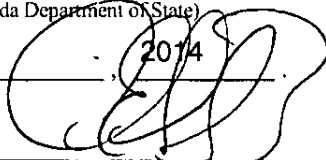
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 DEC 16

2014



Signature of a member or authorized representative of a member

MOLINA, CESAR E (MGRM)

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA