L14000009104

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200256236362

02/10/14--01008--005 **25.00

EFFECTIVE DATE 02-17-14



B. BOSTICK FEB **1 2** 2014

EVAMINER

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|----------|
| Star a | and Moon Books, LLC | | |
| | Name of Limited Liability Company | | |
| | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: | | |
| | Saba Haq | | |
| | Name of Person | | |
| | Star and Moon Books, LLC | | |
| | Firm/Company | | |
| | 1208 Hardee Road | | |
| | Address | | |
| | Coral Gables, FL 33146 | 2 B | |
| | City/State and Zip Code saba.i.haq@gmail.com | | cs |
| Para Carata and In Comment and | E-mail address: (to be used for future annual report notification) | (中) | : |
| | oncerning this matter, please call: | | , (1) |
| Saba Haq | at (917) 902-3900 | <u>불</u> 응 | |
| Name of | Person Area Code Daytime Telephone Number | | |
| Enclosed is a check for the | e following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate o | | |
| Check # | (additional copy is enclosed) Certified Co (additional copy is enclosed) (additional copy | ру | |

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

| STAR AND MOON | BOOKS, LLC |
|--|---|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears on our records.) bility Company) |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L 14 00000 9 1 0 4</u> | were filed on $\frac{1/16/2014}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ty company here: |
| N/A | |
| The new name must be distinguishable and end with the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | \mathcal{N}/\mathcal{A} |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | 3 6 |
| Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | , o m |
| muning unit 55 mil 1 bis 11 to 51 of 1 1 52 both | , and |
| | |
| B. If amending the registered agent and/or registered office address here: | |
| registered agent and/or the new registered ornice address here. | 11/n |
| N. CN. D. La LA | \mathcal{O}/\mathcal{F} |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| • | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr | performance of my duties, and I am familiar with and |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| AMBR = Au | uthorized Member | | |
|-----------|------------------|--|----------------|
| Title | <u>Name</u> | Address | Type of Action |
| AMBR | NUSRAT HAQ | 1011 HULLYWOOD DR | ddd |
| | | 1011 HULLYWOOD DR MONROE, MI 48162 | □ Remove |
| | | | |
| | | | □ Remove |
| | | | |
| | | | Remove |
| | | 11-12-13-13-13-13-13-13-13-13-13-13-13-13-13- | _ o Add |
| | | in the second se | ☐ GRemove |
| | | • | |
| | | | Remove |
| | | | □ Add |
| | | | _□ Remove |
| | | | |

| . If am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
| | \mathcal{N}/\mathcal{A} |
| | |
| | |
| | |
| • | |
| (The ef | etive date, if other than the date of filing: 2/17/114 (optional) Rective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) |
| Dated | d February 4, 2014. |
| | Sala J. Hag |
| | Signature of a member or authorized representative of a member |
| | SABA I. HAQ |
| | Typed or printed name of signee |

Page 3 of 3

30 E C 01 53 MB

Filing Fee: \$25.00