## 14000028039

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
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## **COVER LETTER**

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	Registration Se Division of Cor			
*		N STAR PARTNERS LLC		
Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		GABRIELA SETRAKIAN	1	
			Name of Person	
		ARGENTAX LLC		
			Firm/Company	
		1241 CANARY ISLAND	DR	
			Address	
		WESTON, FL 33327		
			City/State and Zip Code	
		gabysetrakian@gmail.com E-mail address: (	to be used for future annual report notifi	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Gabriela	Setrakian		786 458-3493	
Name of Person Area Code Daytime Telephone Number				Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.6	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Stor Partres LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 09/08/2010	and assigned
Florida document number L14000028039		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	1241 CANARY ISLAND DR,	
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33327	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		s, <u>enter the name of the new</u>
registered agent and/or the new registered office address here		
Name of New Registered Agent:	Enter Florida street addre:	is s
Name of New Registered Agent:	Enter Florida street addre:	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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