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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 MAY 19 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAY 22 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTHERN STAR PARTNERS 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:

GABRIELA SETRAKIAN

\_\_\_\_\_  
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 notification)

For further information concerning this matter, please call:

Gabriela Setrakian

786 458-3493  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Southern Star Partners LLC

FILED  
MAY 19 2012  
12:34  
REGISTERED AGENT  
LIMITED LIABILITY  
STATE OF FLORIDA  
CORPORATION

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA  
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Remove  
Change  
Add  
Remove

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 05/03, 2017

Signature of a member or authorized representative of a member

LUIS LONS

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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