

U40000 80856

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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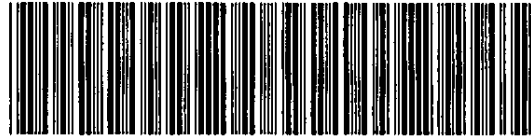
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2015

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MYA STARR, 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:

Pricila Anna Mercado

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

Mya Starr, LLC

\_\_\_\_\_  
Firm/Company

2471 NW 56th Avenue, #102

\_\_\_\_\_  
Address

Lauderhill, Florida 33313

\_\_\_\_\_  
City/State and Zip Code

mya.starr@icloud.com

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

For further information concerning this matter, please call:

Pricila Anna Mercado

954 650-9229  
at ( )

\_\_\_\_\_  
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

☐ \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MYA STARR, 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 05/08/2014 and assigned  
Florida document number L14000080856.

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 contain 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)**

10392 West State Road 84, Unit 103

Davie, Florida 33324

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

10392 West State Road 84, Unit 103

Davie, Florida 33324

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A  
City

, Florida

N/A  
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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

• 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>
MGR	Carolina Zeldin	1765 Cove Lake Road	<input checked="" type="checkbox"/> Add
		North Lauderdale FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pricila Anna Mercado	2471 NW 56th Avenue, Unit #102	<input checked="" type="checkbox"/> Add
		Lauderdale, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**Article IV Management**

This limited liability company shall be managed by 2 managers, equally. The name and address of the persons who shall serve until the first annual meeting of members and or until elected and qualified is:

1. Pricila Anna Mercado, 2471 NW 56th Avenue, #102, Lauderhill, Florida 33313

2. Carolina Zeldin, 1756 Cove Lake Road, North Lauderdale, Florida 33068

**Article VI Capital Contributions**

Capital contributions in the amount of \$5,000 cash shall be paid to the limited liability company by the 2 members.

Additional contributions will be made as required for investment purposes, as determined by majority consent of the members. Members will make contributions in equal shares.

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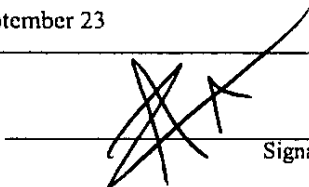
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 23, 2015



Signature of a member or authorized representative of a member

Pricila Anna Mercado

Typed or printed name of signee