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(Requestor's Name)

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(Business Entity Name)

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16 JUN -9 AM 11:20
FALLMOUNTAIN, CALIFORNIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIASTAR 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:

A. MYLONAS
Name of Person

TRIASTAR LLC
Firm/Company

3596 SATIN LEAF CT
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

anastasism@tiscali.co.uk
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. MYLONAS at 954 341 2169
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TRIASTAR LLC

Page 1 of 3

Authorized Member being added or removed from our records:

MGR = Manager

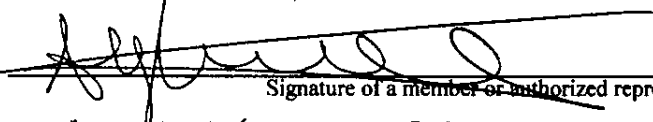
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANASTASIS MYLONAS	3596 SATIN LEAF CT	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS	<input type="checkbox"/> Remove
		FL 33065.	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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14 JUN -9
11:27
TALLAHASSEE, FLORIDA

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 14 Jun 2014, _____.



Signature of a member or authorized representative of a member

A. MYLONAS

Typed or printed name of signee

14 JUN -9 AM 11:21
STATE OF FLORIDA
TALLAHASSEE, FLORIDA