## 115000054858

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
POWERS	STAR HOLDINGS, LLC		
SUBJECT.	Name of Limited Liability Company		
	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:		
	Roberto M. Suarez, Esq.		
	Name of Person		
	The Law Office of Roberto M. Suarez, PL		
	Firm/Company		
	250 Catalonia Avenue, Suite 601		
	Address		
Coral Gables, FL 33134			
	City/State and Zip Code		
	rob.suarez@suareziplaw.com  E-mail address: (to be used for future annual report notification)		
For further information cor	oncerning this matter, please call:		
Roberto M. Suarez	at ()	_	
Name of I	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 Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tatus &	

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

POWERSTAR HOLDINGS, LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number L15000054858	Company were filed on March 27, 2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
POWERSTAR BRANDING, LLC			
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	RESS)	图片 5	
		<u> 58 <b>%</b></u>	i i
		55 L	Andrews Sections Sections
Enter new mailing address, if applicable:		55E	g Length
(Mailing address MAY BE A POST OFFICE BOX)			Linus.
		02	¥,ca.17
		<u> </u>	_
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:			
-	Enter Florida street address		
	, Florida		
<del></del> -	City	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.

If Changing Registered Agent, Signature of New Registered Agent

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>:

	Type of Action
	 □ Remove
	 □ Remove
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	 ☐ Remove

D If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The ef	tive date, if other than the date of filing: (optional)  fective 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	MARCH 31 , 2015.
	Signature of a member or authorized representative of a member
	Roberto M. Suarez, Esq.
	Typed or printed name of signee

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Filing Fee: \$25.00

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