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BRUCE

COVER LETTER

TO: Registration Se Division of Cor					
	ETEERS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	EVELINA V. VASSILEV				
		Name of Person	<u></u>	-	
	METTA	STARLLC		_	
		Firm/Company		•	
	PO BOX 22782				
		Address		-	
	ST. PETERBURG, FL 33	742			
		City/State and Zip Code		-	
	AL3_123@YAHOO.COM			4	
	E-mail address: (to be used for future annual report not	ification)	2016 SEC	
For further information e	oncerning this matter, please ca	all:			
EVELINA V. VASSILE	EV.	727 481-9616		7557 100 100 100 100 100 100 100 100 100 10	m
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he following amount:			III IO	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

MYMARKETEERS LLC	
(<u>Name of the Limited I</u> (A	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L15000076575	lity Company were filed on 04/30/2015 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
METTASTAR LLC	
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	e:
(Principal office address MUST BE A STREET A	DDRESS)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:
Name of New Registered Agent: New Registered Office Address:	AND DA
New Registered Office Address.	Enter Florida street address
New Registered Agent's Signature, if changing Regi	City Zip Gode
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to mply with and complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		·	□ Remove
			Change
			□ Add
			□ Remove
			Change
 			□ Add
		<u></u>	Remove
			☐ Change
			Add Add Remove T
			Company Compa
			Remove
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		-	Add
			□ Remove
			□ Change

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Sective date, if other than the one offective date is listed, the date must te: If the date inserted in this blooment's effective date on the De	be specific and can ck does not meet partment of State	the applicable s records.	statutory filing re	equirements, this	filing.) Pursuant to date will not be	: Isted
record specifies a delayed The 90th day after the reco	effective date rd is filed.	e, but not ar	n effective tim	e, at 12:01 a	Name	
ted JANUARY 06	, 2	2016	MGR		H 500	D =: 10
Cul.	Signature of a mem	well				ر _

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Filing Fee: \$25.00