

L15000136590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

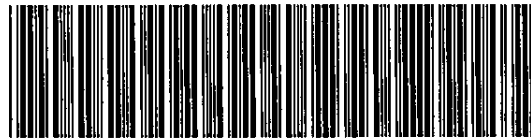
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2017 JAN 9 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5 Star Anti-Theft Devices 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:

Francisco Gomes

Name of Person

5 Star Anti-Theft Devices LLC

Firm/Company

717 Madelyn Way Apt 308

Address

Melbourne Fl. 32901

City/State and Zip Code

5starluglocks@gmail.com

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

For further information concerning this matter, please call:

Francisco Gomes

954 687-7441
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

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

5 Star Anti-Theft Devices LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on August 10, 2015 and assigned
Florida document number L15000136590.

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:

5940 W. Sample Rd Apt 103

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs FL 33067

Enter new mailing address, if applicable:

717 Madelyn Wat Apt 308

(Mailing address MAY BE A POST OFFICE BOX)

Melbourne FL 32901

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:

Francisco Gomes Sr

New Registered Office Address:

5940 W. Sample Rd Apt 103

Enter Florida street address

Coral Springs

City

Florida 33067

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 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	Francisco Gomes	5940 W. Sample Rd Apt 103 Coral	<input checked="" type="checkbox"/> Add
		11149 NW 39 St Sunrise FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Oliver Gamble	Remove	<input type="checkbox"/> Add
		444 W 35 St NY Ny 10001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Ryan D Stewart	Remove	<input type="checkbox"/> Add
		11149 NW 39 St Apt 201 Sunrise F	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12/21/2016 (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 12/21, 2016

Francisco Gomez
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Francisco Gomes Sr.

Typed or printed name of signee