

L15000136590

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(Address)

(Address)

(City/State/Zip/Phone #)

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## 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

1704 Atlantic St Apt 2D

Address

Melbourne Fl. 32951

City/State and Zip Code

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)

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:

(Principal office address MUST BE A STREET ADDRESS)

1704 Atlantic St Apt 2D

Melbourne Fl. 32951

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1704 Atlantic St Apt 2 D

Melbourne FL 32951

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**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

New Registered Office Address:

1704 Atlantic St Apt 2D

*Enter Florida street address*

Melbourne Fl.

, Florida 32951

*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 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	1704 Atlantic St Apt 2 D	<input checked="" type="checkbox"/> Add
		Melbourne Fl. 32951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oliver W. Gamble	436 East 75 St. Apt 3	<input checked="" type="checkbox"/> Add
		New York, NY 10021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan D. Stewart	5940 W. Sample Rd Apt 103	<input checked="" type="checkbox"/> Add
		Coral Springs FL. 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria L. Gallego-Diaz	1704 Atlantic St Apt 2D	<input checked="" type="checkbox"/> Add
		Melbourne FL. 32951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter F. Gould	2941 N.E. 11 Ave	<input checked="" type="checkbox"/> Add
		Pompano Beach FL. 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Francisco Gomes Shares 83 or 83%

Oliver W. Gamble Shares 5 or 5%

Ryan D. Stewart Shares 5 or 5%

Maria L. Gallego-Diaz Shares 2 or 2%

Peter F. Gould Shares 5 or 5%

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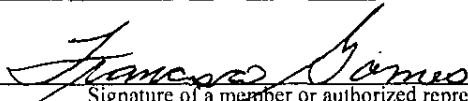
**E. Effective date, if other than the date of filing: November 8, 2017 (optional)**

(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 \_\_\_\_\_,



Signature of a member or authorized representative of a member

Francisco Gomes

Typed or printed name of signer