L15000154802

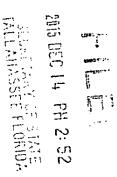
(Re	equestor's Name)	
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DEC 1 6 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	Lone Star Name of Limi	Financial LL ited Liability Company	<u> </u>
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	ice concerning this matter	to the following:	
-	Antho	ny Estrella Name of Person	
-	Lone	Star Financial Firm/Company	110,
-	1020 Ma	mor dr. 3733	N. Goldenrod Rd.
-	40 1 1 Oct 4	FL Gity/State and Zip Code	
_	Lone Sto	artaxoffice a o o be used for future annual report notifi	smail, com
For further information conce			
Anthony Name of Pers	2strella	at (954) 279 Area Code Daytime	-5899 Telephone Number
Enclosed is a check for the for	llowing amount:		
□ \$25.00 Filing Fee 2	\$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

Lone Star F	inancial IIc.		
(Name of the Limited Liability Compan (A Florida Limited L	· ·		
The Articles of Organization for this Limited Liability Company of Florida document number <u>4 15000154802</u>	were filed on <u>Sept.</u> 10,2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili			
Enter new principal offices address, if applicable:	3733 N. Goldenrod Rd.		
(Principal office address MUST BE A STREET ADDRESS)	Apt. 212		
	3733 N. Goldenrod Rd. Apt. 212 Winter Park, FL 32792		
Enter new mailing address, if applicable:	3733 N Goldenrod Rd.		
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 212		
	3733 N Goldenrod Rd. Apt, 212 winter Park, FL 32792		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	. Florida		
	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		
company has been notified in writing of this change.			
	O service		
If Chan	ging Registered Agent, Signature of New Registered Agent		

Page 1 of 3

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 Title Name <u>Address</u> **Type of Action** Thaddens T. Turner 1020 manor dr. DAdd MGR orlando, FL 32807 KRemove ☐ Change MGR Anthony Estrella 3733 N. Goldenrod, NAdd Apt. 212 Winter Part, Fi 32807 Change □ Add ☐ Remove ☐ Change □ Add ☐ Change _□ Add !** PRemove ☐ Change □ Add □ Remove ☐ Change

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Effective date, if other than the date in effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department of the properties of the specifies and elayed. The 90th day after the reco	ck does not meet the applic partment of State's records. effective date, but no	able statutory filing re	quirements, this da	ite will not be listed
The both day after the reco				
Dated $\frac{12/10/2015}{2}$	An tony	Estrella		7815 120 130 140 150 150 150 150 150 150 150 150 150 15
Dated 12/10/2015	Signature of a member or author Anthony Typed or printe	Estrella orized representative of a		2015 DEC 14 PM 2: 52 TALLAHASSIE FLORIDA

Filing Fee: \$25.00