

L15000154802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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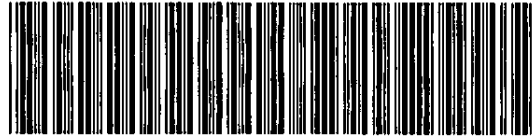
(Business Entity Name)

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TALLAHASSEE FLORIDA

DEC 16 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lone Star Financial 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:

Anthony Estrella
Name of Person

Lone Star Financial LLC.
Firm/Company

~~1020 Manor Dr.~~ 3733 N. Goldenrod Rd.
Address
winter Park

~~orlando~~, FL ~~32807~~ 32792
City/State and Zip Code

Lonestar taxoffice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Estrella at (954) 279-5899
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

Lone Star Financial Inc.

2015 DEC 1
PM 2:52
REGISTERED AGENT
FLORIDA

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	Thaddens T. Turner	1020 manor dr.	<input type="checkbox"/> Add
		orlando, FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Estrella	3733 N. Goldenrod.	<input checked="" type="checkbox"/> Add
		Apt. 212	<input type="checkbox"/> Remove
		winter Park, FL 32807	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

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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.

Dated 12/10/2015 at 3:30 pm

Anthony Estrella
Typed or printed name of signee

2015 DEC 14 PM 2:52
DEPARTMENT OF STATE
FALL AIRBASE FLORIDA