

7/10/2017

From Account Bookkeeping 1 321.888.4914 Mon Jul 10 15:03:44 2017 PDT Page 1 of 5
Division of Corporations

L15000161522

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I2012000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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2017 JUL 10 AM 11:49
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICAN STAR TUTORING AND SPECIAL COURSES LLC

Certificate of Status	0
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Help

Jul 11 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN STAR TUTORING AND SPECIAL COURSES 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:

RAFAELA MARTINS
Name of Person
ACCOUNT BOOKKEEPING CORP
Firm/Company
5301 CONROY RD STE 140
Address
ORLANDO/FL 32811
City/State and Zip Code
INFO@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA MARTINS
Name of Person
at (407) 898-1757
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- 525.00 Filing Fee
530.00 Filing Fee & Certificate of Status
555.00 Filing Fee & Certified Copy (additional copy is enclosed)
560.00 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMERICAN STAR TUTORING AND SPECIAL COURSES 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 09/22/2015 and assigned Florida document number L15000161522.

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:

8945 WEST COLONIAL DRIVE

(Principal office address MUST BE A STREET ADDRESS)

OCOE - FL 34761

Enter new mailing address, if applicable:

8945 WEST COLONIAL DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

OCOE - FL 34761

DEPARTMENT OF STATE
CORPORATION
DIVISION
17 JUL 10 AM 11:49
FL

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:

New Registered Office Address:

8945 WEST COLONIAL DRIVE

Enter Florida street address

OCOE

Florida 34761

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FILED

E. Effective date, if other than the date of filing: _____ (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 (1)(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 JULY 10 2017

Signature of a member or authorized representative of a member
WILLIAM RAMOS DA SILVA
Typed or printed name of signer

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