

L16000057780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

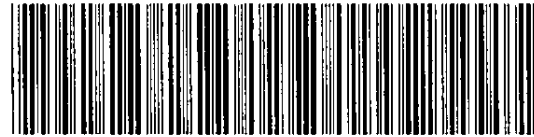
(Document Number)

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17 JUN 19 AM 8:49  
TALLAHASSEE, FLORIDA

JUN 20 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RIGHT START CAPITAL 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:

EXPERT REV

Name of Person

EXPERT REV LLC

Firm/Company

1415 ATLANTIC BLVD STE C-3

Address

NEPTUNE BEACH, FL 32266

City/State and Zip Code

JMMCGUIRE@ME.COM

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

For further information concerning this matter, please call:

EXPERT REV

904

234-6220

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**

RIGHT START CAPITAL 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 3/22/16 and assigned  
Florida document number L16000057780.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BLUE STAR CAPITAL ASSOCIATES LLC

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)

2941 PIEDMONT RD

STE F

ATLANTA, GA 30305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2941 PIEDMONT RD

STE F

ATLANTA, GA 30305

**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:

EXPERTREV LLC

New Registered Office Address:

1415 ATLANTIC BLVD STE C-3

Enter Florida street address

NEPTUNE BEACH

Florida 32266

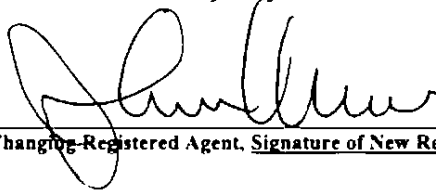
City

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.*

X

  
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	PETER TRANAKOS	2941 PIEDMONT RD STE F	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK E COOK	12217 LASHBROOK CT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 JUN 8 AM 8:49  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

17 JUN 19 04 34  
OFFICE OF THE  
SHERIFF  
TALLAHASSEE, FLORIDA

17 JUN 10 AM 8:49  
OFFICE OF SIA  
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 6/13, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

John M. McGuire  
Typed or printed name of signee