

L16000057780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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JUL 20 2017  
11:30 AM  
FBI - JEFFERSON

D SCOTT  
JUL 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUE STAR CAPITAL ASSOCIATES 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:

JOHN MCGUIRE

\_\_\_\_\_  
Name of Person

EXPERTREV 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



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          | EXPERTREV LLC  | 2066 BEACH AVE           | <input checked="" type="checkbox"/> Add    |
|              |                | ATLANTIC BEACH, FL 32233 | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
| MGR          | PETER TRANAKOS | 2941 PIEDMONT ED STE F   | <input type="checkbox"/> Add               |
|              |                | ATLANTA, GA 30305        | <input checked="" type="checkbox"/> Remove |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |

[illegible]

(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.

X Dated 7/14, 2017

X   
Signature of a member or authorized representative of a member

X John M. McGuire  
Typed or printed name of signee