

L16000 148127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

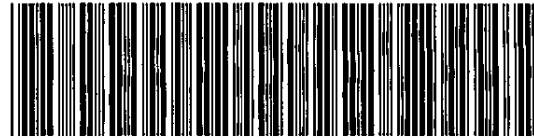
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300290355703

09/22/16--01027--007 **25.00

FILED
2016 SEP 22 PM 3:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY

SEP 23 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STAR PERFORMANCE WIRELESS SOLUTIONS, 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:

JOEL MARCUS

Name of Person

JOEL MARCUS, INC.

Firm/Company

676 WEST PROSPECT ROAD

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

JMARCUSCPA@YAHOO.COM

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

For further information concerning this matter, please call:

JOEL MARCUS

954 566-8513
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

FILED
2016 SEP 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGRM	HANKERSON, JOHN C	676 WEST PROSPECT ROAD	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BAUGH, JENIFER	676 WEST PROSEPT ROAD	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33309	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
206 SEP 22 PM 3:33
CLERK OF COURT
FLORIDA
CLERK OF COURT
FLORIDA

2016 SEP 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 SEP 22 PM 3:30
CLERK OF COURT
TALLAHASSEE, FLORIDA

(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)

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.

SEPTEMBER 20 _____, 2016

Signature of a member or authorized representative of a member

DERON BAUGH

Typed or printed name of signee

DERON BAUGH

Typed or printed name of signee