

L18 000 159 090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

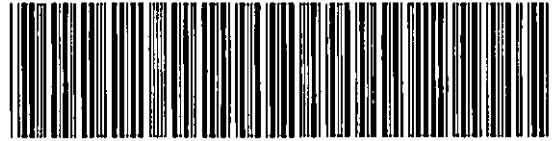
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400340893894

03/02/20--01:03--017 \*\*13.00

2020 MAR 25 PM 12:07

R WHITE  
MAR 26 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2020

RICHARD T COYLE  
PO BOX 374  
INDIAN ROCKS BEACH, FL 33785

SUBJECT: SOUTHERN STAR OF FLORIDA LLC  
Ref. Number: L18000159090

We have received your document for SOUTHERN STAR OF FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 620A00005951

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Southern Star of Florida LLC  
DOCUMENT NUMBER: L18000159098

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard T. Coyle  
Name of Contact Person  
Southern Star of Florida LLC  
Firm/ Company  
P.O. Box 374  
Address  
Indian Rocks Beach, FL 33785  
City/ State and Zip Code  
lac@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard T. Coyle at 813 399-3664  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

pg 2 of 4

ARTICLES OF AMENDMENT <sup>CHANGE:</sup>  
TO <sup>• PRINCIPAL ADDRESS</sup>  
ARTICLES OF ORGANIZATION <sup>• RICHARD T. COYLE ADDRESS</sup>  
OF <sup>• REMOVE KELLY L. COYLE</sup>

Southern Star of Florida LLC <sup>L. COYLE</sup>  
(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 06/29/2018 and assigned Florida document number L18000159090

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

• PLEASE CHANGE ADDRESS →

204-4th Ave N.

#374

Indian Rocks Beach FL  
33785

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.

N/A

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	Richard T. Coyle	204-4th Ave N. #374 Indian Rocks Bch FL 33785	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
	• Please change address →	↑	
AM	Kelly L. Coyle		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	• 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

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

N/A

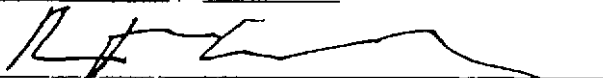
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 (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.

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 3-26-2020, \_\_\_\_\_

  
Signature of a member or authorized representative of a member

RICHARD T. COYLE MGR  
(IN HOSPITAL)  
Typed or printed name of signee