

L1900000-11939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

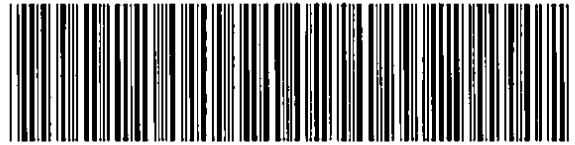
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
MAY 23 2019
1411 AM

2019 MAY 23 AM 8:30

APPROVED
AND
FILED

MAY 23 PM 1:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T GLASS

MAY 24 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 777769 7634212

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : May 22, 2019

ORDER TIME : 1:06 PM

ORDER NO. : 777769-005

CUSTOMER NO: 7634212

DOMESTIC AMENDMENT FILING

NAME: STAR ISLAND VENTURES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

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2019 MAY 23 AM 8:30
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STAR ISLAND VENTURES 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:

Danyel Falcon

Name of Person

Dymax International Services Inc.

Firm/Company

40 S.W. 13th Street Suite 802

Address

Miami, Florida, 33130

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

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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>
MGR	LINIA CLODES BASTOS FURTADO	40 S.W. 13TH STREET MIAMI, FL 33130	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIANA CLODES BASTOS FURTADO	40 S.W. 13TH STREET MIAMI, FL 33130	<input checked="" 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

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2019 MAY 23 4:18:30

[illegible]

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FILED

2019 MAY 23 AM 8:30

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 _____,

Uden for Jule - Liene Hoden Bøstoft

Signature of a member or authorized representative of a member

FRANCISCO ALDAIRTON R C JUNIOR

Typed or printed name of signee