Division of Corporations

H19000332537

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BEST PRO SERVICES INC
Account Number : I20140000068
Phone : (727)504-1870
Fax Number : (727)683-9500

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 4HELP123@gmail.com

FILED
2019 NOV 18 P 4:01

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CROWN STAR LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu Help

November 14, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CROWN STAR LLC
1408 N BETTY LANE
CLEARWATER, FL 33765US

SUBJECT: CROWN STAR LLC
REF: L19000115728

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page of the amendment is to dark.

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H19000332537
Letter Number: 419A00023435

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWN STAR 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:

JETTMAR, DEREK
Name of Person

CROWN STAR LLC
Firm/Company

1408 N BETTY LANE
Address

CLEARWATER, FL 33755
City/State and Zip Code

HELP123@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYALIN, DMITRY at (727) 240-8575
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

FILED

2019 NOV 18 P 4:21

CROWN STAR LLC

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/01/2019 and assigned Florida document number L19000115728.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

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.

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

Title	Name	Address	Type of Action
AMBR	JETTMAR, DEREK	2755 VIA CAPRI,	☐ Add
		UNIT #1238	■ Remove
		CLEARWATER, FL 33764	☐ Change
MGR	LYALIN, DMITRY	628 CLEVELAND ST	■ Add
		APT 1010	☐ Remove
		CLEARWATER, FL 33755	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 NOVEMBER 12 2019

Signature of a member or authorized representative of a member

JETTMAR, DEREK

Typed or printed name of signee