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TO:18506175393 FROM:3059344681

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Division of Corporations

Florida Department of State

(H21000433119 3)

Division of Corporations Electronic Filing Cover Sheet

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((H21000433119 3)))



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To:

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

From:

Account Name : F&L ACCOUNTING SERVICES LLC
Account Number : I20170000063
Phone : (786)343-9023
Fax Number : (305)384-4684

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

Email Address: monicalopez@flaccountingllc.com

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

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

(H21000433119 3)

COVER LETTER**(H21000433119 3)****TO: Registration Section
Division of Corporations****SUBJECT: MONEY 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:

MONICA LOPEZ

Name of Person

F&L ACCOUNTING SERVICES

Firm/Company

2414 NW 87TH PL STE 2414

Address

DORAL FL 33172

City/State and Zip Code

monicalopez@flaccountingllc.com

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

For further information concerning this matter, please call:

MONICA LOPEZ

786 267-4792

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 Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**(H21000433119 3)**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(H21000433119 3)

MONEY STAR LLC

(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 11/01/2019 and assigned
Florida document number L19000273198.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O FL ACCOUNTING 2414 NW 87 PL #2414

DORAL FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O FL ACCOUNTING 2414 NW 87 PL #2414

DORAL FL 33172

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:

F&L ACCOUNTING SERVICES LLC

New Registered Office Address:

2414 NW 87TH PL STE 2414

Enter Florida street address

DORAL

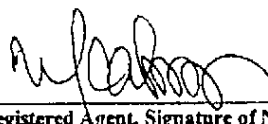
City

Florida 33172

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

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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:

(H210004331193)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DI PINTO, NICOLAS	2600 S DOUGLAS RD SUITE 607	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAGALDAY, MARIANGELES	2600 S DOUGLAS RD SUITE 607	<input type="checkbox"/> Add
		CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Martinez Berrotaran, Ignacio	C/O FL Accounting 2414 NW 87 PL Ste 2414	<input type="checkbox"/> Add
		Doral, FL 33172	<input type="checkbox"/> Remove
			<input checked="" 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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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)
 Notes: If the data inserted in this block does not match the information in the application, the information in the application will prevail.

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 NOV 18TH 2021

Signature of a member or authorized representative of a member

IGNACIO MARTINEZ BERROTARAN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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