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186

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solutions Five Stars

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 Rojas

Name of Person

Firm/Company

3651 NW 55TH CT

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

solutionsfivestarsllc@gmail.com

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

For further information concerning this matter, please call:

Monica Rojas

Name of Person

at (954)

Area Code

913-3768

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

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TALLAHASSEE, FL 32303
SOLUTIONS FIVE STARS LLC

Solutions Five Stars L.L.C.

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

MGR Monica Rojas 3651 NW 55TH CT Fort Lauderdale, FL 33309 ☒ Add

9 ☒ Add

☐ Remove☐ Change

MGR Eduardo Perez 3651 NW 55TH CT Fort Lauderdale, FL 33309 ☐ Add

9 ☐ Add

☒ Remove☐ Change☐ Add Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

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LA. COMMERCIAL TR. CO
...

(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)

(b) The 90th day after the record is filed.

Dated 7 December 30, 2022

Mexica RD

Signature of a member or authorized representative of a member

Monica Rojas

Typed or printed name of signee