

L24000194040

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECTION OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL STAR FINANCE GROUP 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:

MARIELA LINARES

Name of Person

MARIELA LINARES

Firm/Company

8095 NW 8 ST SUITE 404

Address

MIAMI FL 33126

City/State and Zip Code

marielalifeprotection@gmail.com

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

For further information concerning this matter, please call:

MARIELA LINARES

786 603-3503
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

ALL STAR FINANCE GROUP 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 04 / 25 / 2024 and assigned
Florida document number L24000194040.

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)

MARIELA LINARES

8095 NW 8 ST SUITE 404

MIAMI FL 33126

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:

MARIELA LINARES

New Registered Office Address:

8095 NW 8 ST SUITE 404

Enter Florida street address

MIAMI

City

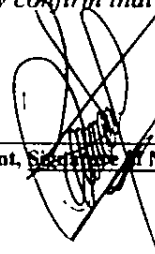
Florida

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



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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	MARIELA LINARES	8095 NW 8 ST SUITE 404	<input checked="" type="checkbox"/> Add
		MIAMI FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MG	MILDANNY SEGOVIA	8095 NW 8 ST SUITE 404	<input type="checkbox"/> Add
		MIAMI FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

MG MILDANNY SEGOVIA WILL BE REMOVED FROM HER POSITION AND FROM ALL

RESPONSIBILITY TO THE COMPANY FROM OCTOBER 30, 2024

NOTE: THE COMPANY FEDERAL EMPLOYEE IDENTIFICATION NUMBER CONTINUES EVEN

IF THE NAME WAS CHANGED OR I MUST CHANGE IT TO A NEW

E I N : 99-3784944

1. IF IT IS THE SAME PLEASE UPDATE IT IN THE SYSTEM.

2. IF I NEED TO CHANGE IT, YOU CAN SEND ME A MESSAGE BY EMAIL

E. Effective date, if other than the date of filing: NOV / 01 / 2024 (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 OCT / 29, 2024

Signature of a member or authorized representative of a member

Mariana Linores
Typed or printed name of signee

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TALLAHASSEE, FL

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Filing Fee: \$25.00