## L22000494967

(Requestor's Name)	
(Address)	
(Address)	
(Nouress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
· , , ,	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

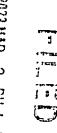
Office Use Only



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	TRANSPORTATION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTON ANISIMOV		
	Name of Person		
ASTARS TRANSPORTATION LLC			
Firm/Company			
	2129 TROTTER RD		
Address			
	LARGO, FL33774		20. SE
		City/State and Zip Code	2023 MAR -2 PM 14: 54 SECK 19:05 STATE TALL 19:05 SEE: FL
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	PH I
ANTON ANISIMOV		561 504-5221	1475 FL
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTARS TRANSPORTATION LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/21/2022	and assigned
lorida document number L22000494967		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 31
nter new mailing address, if applicable:		. 2
Mailing address MAY BE A POST OFFICE BOX)	[1]	3 3 10
Hunning address MAT BE ATWAT OF TICE BOAT		
		<del>&gt;</del> 
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	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 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>	Address	Type of Action
AMBR	ANTON ANISIMOV	2129 TROTTER RD	<b>⊒</b> Add
		LARGO, FL 33774	Remove
			□Change
			□ Add
			□Remove
			□ Change  CO 2023  ED 3 HAdd □ R
			Remove PH Change
			☐ F
			Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee