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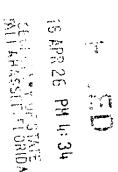
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## **COVER LETTER**

Division of Corporations
SUBJECT: A A Grobal Security, 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:
MAIKEL R. ARIAS.
Name of Person
Firm/Company
Address  Address  Address  Address  Address  Address  Address  Address  City/State and Zip Code  Robert 20 brot A 2 145 © Cmail com  E-mail address: (to be used for future annual report notification)
Address
DANIA Beach, FL 33004
Robert 20 best ARIAS @ GMAIL com
For further information concerning this matter, please call:
Name of Person
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section  Division of Corporations  P.O. Box 6327  Registration Section  Division of Corporations  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A GLOBAL SECURITY, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )	
e Articles of Organization for this Limited Liability Company	were filed on	and assigned	
orida document number L15000039596			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
RIGHTSTAR AUTO SALES, LLC			
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."	
ter new principal offices address, if applicable:	700 SE 9TH ST APT 303		
incipal office address MUST BE A STREET ADDRESS)	DANIA BEACH, FL 33004		
		<u>इ</u> हि हो	
		事 节	
ter new mailing address, if applicable:	SAME AS ABOVE		
ailing address MAY BE A POST OFFICE BOX)		-n + 1	
		-	
		97 is	
If amending the registered agent and/or registered of	ffice address on our records	s, enter the name of the r	
<u>gistered agent and/or the new registered office address her</u>	<u>e</u> :	*	
Name of New Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:			
<i>F-1</i>	Enter Florida street address		
		orida	
	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 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: (no change) MGR = Manager AMBR = Authorized Member <u>Title</u> **Name** Type of Action 🗖 Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add 55 □ Remove ) Change. ☐ Remove

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ffecti	ve date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filif the date inserted in this block does not meet the applicable statut	(optional) Giling or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be	605.0207 ( listed as 1
locume	ent's effective date on the Department of State's records.  Ord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the ea	rlier of:
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ocume e rec	ord specifies a delayed effective date, but not an effe 90th day after the record is filed.  April 1907  Signature of a member or authorized representation of the control	esentative of a member PO	rlier of

Filing Fee: \$25.00