# 105000048087

(Address)  (Address)  (City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
Clockup Clyar Clyar			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:  ### Comparison of			
65-48087			



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08/05/05--01027--024 \*\*30.00

M. HODGES



P.O. Box 669068 – Miami – Florida 33166 Phone (305) 513-9488 – Fax (305) 418-4395

### THE ANSWER TO LOGISTICS.

Date: 09/03/2005

To: Florida Department of State

Re: Doc # LO500004807

Please see attached an amend the articles of organization of a Florida Limited Liability Company.

If you have any question, please don't hesitate to contact me at: 305 513-9488 or 305 592-6819

Sincerely

Edivaldo Rezende

CEO eddy@starfreight.us

# TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT: STAR FE	REIGHT LOGISTICS LLC		
	(Name of Li	mited Liability Company)	
	of Amendment and fee(s) are sul	_	
	EDIVALDO REZENDE		
	(1)	Name of Person)	
STAF	R FREIGHT LOGISTICS LLC		
	(	Firm/Company)	
P.O.BOX	669068		
		(Address)	<del></del>
MI.	AMI, FL 33166		
_ <del></del>	(City/	(State and Zip Code)	<del></del>
For further information	concerning this matter, please of	call:	
EDIVALDO REZENDE		at (_305) 513-94	88
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	<b> ₹</b> \$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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, ADRIANA C. OLIVEIRA	, hereby resign as MGRM
	(Title)
of STAR FREIGHT LOGISTICS LLC	
(Limited	Liability Company)
a limited liability company organized under t	he laws of the State of FLORIDA
and affirm that the limited liability company	has been notified in writing of the resignation.
psu	
(Signature of resigning many	ager, managing member or member)

### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314