## L06000114417

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A. BUTLER MAY - 5 2022

## **COVER LETTER**

Division of Corp		•	
SUBJECT: INCC.	ARTNEY ENTER	CPRISES LLC	
3000ECT	Name of Limited	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	William K.	McCartney TA	₹
		Name of Person	
			<u></u>
		Firm/Company	
	PO BOX 47	0923	
		Vances	
	MIAMI FO	33247	
	WMCCartney(	Star enter prise be used for future annual report notifi	transport. con
For further information co	oncerning this matter, please cal	1:	
William A. M. Name of	Clartney	at (305) 720 Area Code Daytim	- 99 (/ )_ ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$2 \$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 \$10 Tallahassee, FL 32303

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

FILED

McCartney ENTERP	RISES LL 2022 MAY -5 AM 10: 14  as it now appears on our records.  ability Company)
(Name of the Minited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>L06000114417</u> .	
Florida document number 2000011 1111.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
STAR ENTERPRISE TRANS The new name must be distinguishable and contain the words "Limited Liabili	PORT LLC
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	5107 UNIVERSITY BLYD West
(Principal office address MUST BE A STREET ADDRESS)	Smite 204
Principal office address MUST BE A STREET ADDRESS	Saite 204 TacksonvillE FL 32216
	TACK SOLL CO (C )SOUR
	0. 2.4. (
Enter new mailing address, if applicable:	PO BOX 470923
(Mailing address MAY BE A POST OFFICE BOX)	
	MIAMI FL 33247
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent: Will	31SCAYNE BIVA, Suite 146 Enter Florida street address
Name of New Registered Agent.	2
New Registered Office Address: 13899 /	Siscayne Blud, Suite 146
	/ Enter Florida street address
North Ma	ami Beach, Florida 33181  Zip Code
, <u>C</u>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	
a naraon occirio ine domainimentus registerea neem ana agi	do to that it time emptions it you man indicate a market, in the time

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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
MGR	William.	R. McCartney J	R. POBPY 470923 Midoni FL 33247	□Add
		/	Minori FL 33247	□Remove
				\overline Change
				🗀 Add
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ffect	tive date, if other than the date of filing: (optional) fective 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 605.020
Note:	If the date inserted in this block does not meet the applicable statutory ning requirements, this date will not be listed a
docur	nent's effective date on the Department of State's records.
	on the state of the The 90th days of or the
reco d is f	rd 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
	22
Dated	May 5 2022.
	Signature of a member or authorized representative of a member
	Miller, Michael Miller
	Nighabire of a memori of authorized representative of a memori
	William R. McCantney Jr. Typed or printed name of signee

Filing Fee: \$25.00