

L13000009942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

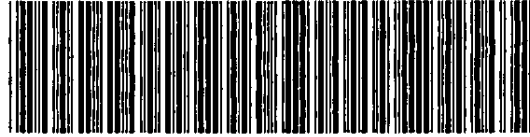
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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05/17/13--01035--005 **25.00

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2013 MAY 17 AM 8:30
STATE OF TEXAS
FILING ASSISTANT

J. SAULSBERRY
EXAMINER

MAY 21 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERISTAR EXPRESS 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:

VANESSA TORRES

Name of Person

ALL AMERICAN PERMITS

Firm/Company

5094 NW 74TH AVE

Address

MIAMI FL 33166

City/State and Zip Code

PERMITS2009@LIVE.COM

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

For further information concerning this matter, please call:

VANESSA TORRES

Name of Person

888 8825264

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 MAY 17 AM 8:30
RECEIVED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

AMERISTAR EXPRESS 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 01/18/2013 and assigned Florida document number L13000009942.

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 end with 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)

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2013 JAN 17 AM 8:30
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. LUCIE
FLORIDA

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: DAWN M PARIES

New Registered Office Address: 1914 SW IDAHO LN

Enter Florida street address

PORT ST LUCIE, Florida 34953

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

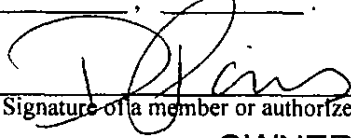
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAWN M PARIES	1914 SW IDAHO LANE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input type="checkbox"/> Remove
MGR	DAWN TARIS	1914 SW IDAHO LANE	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 2018 MAY 17 AM 8:30
 MAIL ROOM
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

Dated MAY 16 2013



Signature of a member or authorized representative of a member

OWNER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

OFFICE OF THE CLERK
STATE OF GEORGIA

2013 MAY 17 AM 8:30

FILED