

L14000109178

(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:

Office Use Only



400292302044

11/21/16--01014--023 **25.00

FILED
16-DEC-19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2016

ESTELLE KAISER
4220 WHIDDEN BLVD
PORT CHARLOTTE, FL 33980

SUBJECT: STARR TRUCK AND AUTO ACCESS / WINDOW TINTING LLC
Ref. Number: L14000109178

RECEIVED
2016 DEC 19 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STARR TRUCK AND AUTO ACCESS / WINDOW TINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 116A00025878

FILED
16 DEC 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Starv Truck and Auto Accessories LLC / window tinting
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:

Estelle Kaiser
Name of Person

Starv Truck and Auto Accessories
Firm/Company

4220 Whidden Blvd.
Address

Port Charlotte, FL 33980
City/State and Zip Code

Kaiserelle@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Estelle Kaiser at (941) 350-8884
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
46 DEC 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Starr Truck and Auto Accessories / Window Tinting 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 July 10 - 2014 and assigned Florida document number L14000109178

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 contain 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)

4220 Whidden Blvd
Port Charlotte,
FL 33980

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Kaiserselle@yahoo.com

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:

Estelle J Kaiser
Trustee of the Estelle J. Kaiser Trust

New Registered Office Address:

12512 Shimmering Oak Circle
Enter Florida street address
Venice, Florida 34293
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.

Estelle J Kaiser
Trustee of the Estelle J. Kaiser Trust
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Estelle A Kaiser	12512 Shimmering Oak Cir.	<input checked="" type="checkbox"/> Add
	Trustee of the Estate	Vehicle FI 84293	
	Rich Kaiser		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rich Kaiser is deceased		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 DEC 1 4 PM '08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

John Richard Kaiser is
deceased and Estelle Kaiser
was listed

~~Now with a living trust~~
~~Estelle Kaiser became~~
~~Trustee of the Estelle J Kaiser~~
~~Trust~~

FILED
16 DEC 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____

~~Trustee of the Estelle J Kaiser Trust~~
Estelle A Kaiser
Signature of a member or authorized representative of a member

Estelle Kaiser

Typed or printed name of signee