14000109178

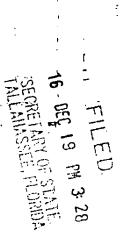
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



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



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

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

COVER LETTER

Division of Corp	porations			
SUBJECT: Star	IV Truckand A. Name of Lim	to Accessories Lited Liability Company	LC/window ti	nting
	Amendment and fee(s) are sub	_		
Please return all correspon	ndence concerning this matter	to the following:		
	Est.	elle Kaiser Name of Person		
	Stan	Firm/Company	, Accessor	Ź
	4220 Whi	dden Blud.	, 	
		Address		
	Portch	City/State and Zip Code	33980	
	•	City/State and Zip Code		
	Kalsere	le & Yahar. Cog to be used for future annual report notif	M	
	E-mail address: (to be used for future annual report notif	ication)	5
For further information co	oncerning this matter, please co	all;		A B T
<u>Estell</u>	ic Kaiser	at (<u>94/)</u> 350 - Area Code Daytime	-2884 SSS	10 EH
Name of Enclosed is a check for th		Area Code Daytime	: Telephone Number	9 PA 3 28
\$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 Sta Certified Copy (additional copy is et	itus &

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on July 10 -2014 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abdreviation "L.L.C."
Enter new principal offices address, if applicable:	4220 Whidden Block
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FO B to
	S 10 m
Enter new mailing address, if applicable:	- Kaiserelle Evalion com
(Mailing address MAY BE A POST OFFICE BOX)	65 W
	28
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
Name of New Registered Agent:	of the state of flower 1 rost
New Registered Office Address: 125/25	Thimmering Oak Cifde Enter Florida street address
<u>Veur</u>	Ce, Florida 37293 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title Name Type of Action** tathe 12512 Shirumering Oak Civ. NAdd

St Vehice F1 94293 MGR Kasser Rich ☐ Change MAR Rich Kaiser is deceased □ Add Remove ☐ Change □ ∧dd □ Remove CMange ☐ Remove □ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

	John Richard Katser is	
	deceased and Estelle Kairer	
	was listed	
	was usted	
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	25tella Rutser Detrune	
	Inster of the Estelle Ike	वादें हैं
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	<u> </u>	32.7
FC 4 !	date if other than the date of fillings	`T*
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	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the thind after the record is filed.	ne earlier
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Page 3 of 3

Filing Fee: \$25.00