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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		ENTERPRISES LLC		
30 20 20		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		ANGEL MATOS		
			Name of Person	
		REDSTAR ENTERPRISE	S LLC	
7600 SPUTHLAND BLVD, SUITE 105				
		-	Address	
		ORLANDO, FL 32809		
		_	City/State and Zip Code	
		amatos@redstartrucking.co		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
ANGEL MA			407 470-2478 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

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 OF

REDSTAR ENTERPRISES LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our red ed Liability Company)	cords.)
he Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
lorida document number L14000149238		-
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		,
Principal office address MUST BE A STREET ADDRESS)		
		35-36 120-71 13
nter new mailing address, if applicable:		mo n M
Aailing address MAY BE A POST OFFICE BOX)		D FST File
		STATE STATE
		>
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		ords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
	City	, Florida
	City	zip Coae

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

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	ROJAS, MARCO A	1314 SARDINIA CT	≅ Add
		DAVENPORT, FL 33896	□ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			Change
		_	Add
			□ Remove
			Change
		_	□ Add
			□ Reinove
			Change
			OF S Add Remove
			☐ Remove

MARCO A. ROJAS 107	%, ANTONIO TO	RO 15%					
					-		
							
							
	· · · · · · · · · · · · · · · · · · ·						
							
							
			•				
Effective date, if other than fan effective date is listed, the date	e must be specific an	d cannot be prior	to date of filing o	r more than 90 da	(optional) ys after filing	.) Pursuant	to 605.0207
Note: If the date inserted in the locument's effective date on the	is block does not	meet/the applic	able statutory fi	ling requiremer	its, this date	will not b	e listed as
	io Department of	3.000.00					
e record specifies a dela	yed effective	date, but no	t an effective	e time, at 12	2:01 a.m.	on the	earlier of
The 90th day after the	record is filed						
AUGUST 17th	\ .	2016					
Dated	<u> </u>	1111	\			3 <u>115</u>	z.jef.
1	\ \ \ \	1 / V	_			to upo de sis la protection de sistema	4 {i
	\\\ \	/ -					
	Signature of a	member or author	orized representat	ive of a member	TAR!	- <u>-</u> -	m

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Filing Fee: \$25.00