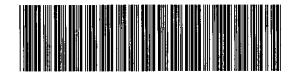
## L15000065852

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:		tion' Secti of Corpo				
CHAIC	CT:		AR TRANSPORTATION L	LC		
SUBJE	.CT:		Name of Lim	ited Liability Company		
The enc	closed Arti	cles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please r	return all c	orrespond	lence concerning this matter	to the following:		
			MAIKEL A FONS			
				Name of Person		
			FONSTAR TRANSPORT	TATION LLC		
				Firm/Company		
			1465 NW 19TH TERR AF	<sup>y</sup> T 203		
				Address		
			MIAMI, FL 33125			
				City/State and Zip Code	.40.0	
			E-mail address: (	to be used for future annual re	eport notification	on)
For furt	her inform	ation con	cerning this matter, please ca	all:		
Μ	1AIKEL A	FONS		305	903-2192	
		Name of P	erson	at () Area Code	Daytime Telo	ephone Number
Enclose	ed is a chec	ek for the	following amount:			
	i.00 Filing		□ \$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)
		Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registratio Division o Clifton Bu	COURIER A on Section of Corporation ailding outive Center (	s

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FONSTAR TRANSPORTATION LLC		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L15000065852	mpany were filed on 04/14/2015	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
NONE		
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE		<del></del>
THICTPUT OFFICE WALLESS MOST BE ASTREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe		r the name of the ne
<u>egistered agent and/or the new registered office addre</u>	ess here:	<b>5</b>
Name of New Registered Agent:		APR
N. D. Carris Office Address		155° 1
New Registered Office Address:	Enter Florida street address	
		No 1941
	, Florida	Zin Colle
	City	Est Com

## 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	DANIEL THOMAS ALBERT	2429 NW 91 ST MIAMI FL 33147	<b>=</b> Add
			Remove
		<del></del>	☐ Change
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			□ Change
			2: 55 Ade
			Remove
			☐ Change
			Add
		<del></del>	Remove
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	***	<del></del>
·	<u> </u>	
02/22/22		<u>:</u>
ffective date, if other than the date of filing: 03/28/2016. (option of filing or more than 90 days after	onal) 📆	
ffective date, if other than the date of filing:	onal) [5] r filing.) Pursuant	to <b>60\$</b> 026

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00