L15000091459

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	
!		

Office Use Only



200276163072

08/19/15--01005--017 **25.00

SECRETARE OF STATE



COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	STARBIRD'	S XPRESS TRUCKING LLC	:	
Someti.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		KEVIN L. STARBIRD		
			Name of Person	M
		,	Firm/Company	
		75737 CLYDE HIGGINBO	OTHAM RD	
			Address	
		YULEE FL 32097		
			City/State and Zip Code	····
		littletrucker05@gmail.com		
		E-mail address: (1	to be used for future annual report notifica	ation)
For further in	formation co	ncerning this matter, please ca	all:	
KEVIN L. S	TARBIRD		904 307-4600 at (
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is a	check for the	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

STARBIRD'S XPRESS TRUCKING 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 $\frac{05/26/15}{1}$ and assigned Florida document number ____L15000091459 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STARBIRD XPRESS LLC 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
		□ Remove	
			Change
		72	D Add
			SECRETARY OF STATE AND A SECRETARY OF STATE AN
		ີ່ທີ່ກໍ່ ກາວ ກາວ ກາວ ກາວ ກາວ	Change
			Remove
			> □ Remove
			☐ Change

·		
•		
 		
		····
	be specific and cannot be prior to date of filing or m ck does not meet the applicable statutory filin	
record specifies a delayed The 90th day after the reco	effective date, but not an effective to rd is filed.	time, at 12:01 a.m. on the earlier o
AUGUST 16	2015	30 A
100	· · · · · · · · · · · · · · · · · · ·	
929		AFE G
929	Signature of a member or authorized representative	e of a member SSELLE

Page 3 of 3

Filing Fee: \$25.00