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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ri Star Ir	ansport Auto- ted Liability Company	Brokers, LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Earl A	Vigdor Name of Person	
	Tri Star	Transport Auto	- Brokers, LLC
	6600 K	ildare Rd.	# 911
	Cate St.	City/State and Zip Code	W-1B7 Canada
	E-mail address: (t	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ill:	
Earl /	4 vig dor	at (310) 77. Area Code Daytim	3 2362 re Telephone Number
Enclosed is a check for t	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional capy is enclosed)

MAILING ADDRESS: 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

Tri Star Trai	nsport	Auto	Broker	s, LL	C		
(Name of the Limited	Liability Comp	nany as it now a	ippears on our re cany)	cords.)			
The Articles of Organization for this Limited Liab Florida document number	oility Compan	y were filed o	on 6/11/	7015	and ass	igned	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited lia	bility compa	ny here:				
The new name must be distinguishable and contain the wor	ds "Limited Liab	pility Company.	"the designation"	LLC" or the abl	previation "L.	L.C."	
Enter new principal offices address, if applicat	ole:						<u></u>
(Principal office address MUST BE A STREET	ADDRESS)					9	
					HARY	P R - 8	=
Enter new mailing address, if applicable:					<u> </u>	<u>></u>	m
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>					<u>c</u>	
		·			REG-	Ω	
B. If amending the registered agent and/or registered agent and/or the new registered office			ss on our rec	ords, <u>enter t</u>	the name	of the	new
Name of New Registered Agent:							_
New Registered Office Address:		Ente	er Florida street ad	kdress			_
				. Florida			
		City		, FIUITUA	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

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>	Type of Action	
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Effecti	ve date, if other than the date of filing:(optional)		
(II an effe	ctive 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 60 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	05 0207 sted as	(3)(the
	mt's effective date on the Department of State's records.		٠.٠
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	iei oi	•
	64/01/7019		
Dated _.	64/04/7019		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00