# L16000069019

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### **COVER LETTER**

TO: Registration Se Division of Cor					
Lanstar, LL SUBJECT:	c				
30b/EC1	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Wendell M. Taylor				
Name of Person					
	Lanstar, LLC				
Firm/Company					
	299 Live Oaks Blvd.				
Address					
	Casselberry, Florida 32707				
City/State and Zip Code					
	fiuba.garcia@lanstarusa.con E-mail address: ()	to be used for future annual report notific	eation)		
For further information c	oncerning this matter, please ca				
Liuba Garcia	·	407 906-9580			
Name o	f Person	at ()	Felephone Number		
Enclosed is a check for the	ne following amount:				
□ \$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 Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sect	ion		

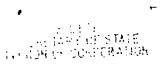
Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lanstar, LLC

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(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  $\frac{04/07/206}{1}$ and assigned Florida document number L16000069019 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

\_\_\_\_\_. 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:

| Continue of the first conti

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Alain Scherer	6699 28th street south St. Petersburg, FL 33712	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		🗀 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
		- <del></del>	□Change
			□Add
			□Remove
			□Change