L17000072465

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COVER LETTER

Division of Co			
WEST I SUBJECT:	AND STAR MONEY, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	MANUEL GONZALEZ		
		Name of Person	
	WEST LAND STAR MON	REY, LLC	
		Firm/Company	
	3586 NW, 41 ST, LOTE A	-138	
		Address	
	MIAMI, FL 33142		
	MANUELYGONZALEZ@	City/State and Zip Code GMAIL.COM	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
MANUEL GONZALE	Z	786 487-1166	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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 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

WEST LAND STAR MONEY, LLC

(Name of the Limited Li (A F	iability Company as it now appears on our records. Iorida Limited Liability Company)	7020 TALL SERVICE TO THE TRANSPORT OF TH
The Articles of Organization for this Limited Liabili Florida document number L17000072465	ity Company were filed on FLORIDA	JAMESSIGNED
This amendment is submitted to amend the following	sā:	OF STATE
A. If amending name, enter the new name of the	limited liability company here:	नकृतः <mark>72</mark>
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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	Flo	
	City	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
AMBR	RODOLFO ABDEL	4950 NW 102nd AVE , Miami, Fl 33178	B Add
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			Add
			□ Remove
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the app	olicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 listed as
document's effective date on the E	repartment of State's recoi	ids.		
ne record specifies a delaye The 90th day after the rec		not an effective time,	at 12:01 a.m. on the ea	rlier of
October 22	2019			
 	A and	 		
	199	uthorized representative of a m		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00