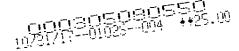
## LITOCOLIAGE

(Re	questor's Name)	
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PICK-UP	☐ WAIT	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: Registration Section Division of Corporations
SUBJECT: FIRST CLASS TRANSPORT LCC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tilling.
Please return all correspondence concerning this matter to the following:
JOIGEIUIS Marne of Person
Firm/Company
621 19 Paloma Rd. Address
Kellargo FL 33037 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOYGELUIS Morejon at (305) 303-0814 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:    Second Filing Fee   Second Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)   Certif

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

FIZCT CLAS	S T72 A US PORT Liability Company as it now appears on o Florida Limited Liability Company)	UC ·
The Articles of Organization for this Limited Liabi	ility Company were filed on	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the STAR TRANSPO	DRT LLC	
<u>-</u>		tion 1.1.C or the aboreviation 1.1.C.
Enter new principal offices address, if applicabl <u>(Principal office address MUST BE A STREET A</u>		
Enter new mailing address, if applicable:		<u>物</u> - 4 
(Mailing address MAY BE A POST OFFICE BO	(X)	. 2
		6.1.3
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Firsida str	reet address
-	Ciry	Florida Zin Code
	Cuy	zap 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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effective date is listed, the date must be specific and cannot be prior	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listers.
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlie
ed 10-27-17	<del></del> ·
ed 10- 6-11!	
1.11	norized representative of a member

Page 3 of 3

Filing Fee: \$25.00