# L17000 249 442

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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2019 DEC 16 AM 8: 48
SECRETARY OF STATE

Y SULKER DEC 1 ( 2019



December 4, 2019

THE MINA STRONG GROUP LLC 836 ORCHID DR PLANTATION, FL 33317

SUBJECT: THE MINA STRONG GROUP LLC

Ref. Number: L17000249442

We have received your document for THE MINA STRONG GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00024583

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

Th	e Mina Str	ong Group		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Erik Fuerte		
			Name of Person	<del></del>
		The Mina Strong Group		
			Firm/Company	
		836 Orchid Drive		
			Address	· · · · · · · · · · · · · · · · · · ·
		Plantation, FL 33317		
		erik@aistarcorp.com	City/State and Zip Code	
		·	to be used for future annual repo	rt notification)
For further infor	mation cor	neerning this matter, please co	all:	
Erik Fuerte			813 333-22: at ()	
	Name of I	Person	Area Code D	aytime Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filin	g 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

TO:

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

The Mina Strong Group			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L17000249442	were filed on 6 December 2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
AT STAR TT. L	i.C.		
The new pame must be distinguishable and contain the words "United Liabi	lity Company," the designation "LLC" or the abbreviation "LLC"		
Enter new principal offices address, if applicable:	836 Orchid Drive Plantation, Florida 33317		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	836 Orchid Drive Plantation, Florida 33317		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:			
	, Florida		
	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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<del>.</del>	Add
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change
	<del></del> - · · · · · · · · · · · · · · · ·		
			Remove
			Change
<del></del>			Add
			☐ Remove
			☐ Change

<del> </del>	
<del> </del>	
	<del></del>
	1 January 2020
Effective date, if other th	han the date of filing: (optional)
	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date of	on the Department of State's records.
he record specifies a d The 90th day after th	delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier or the record is filed.
Dated 29 October	. 2019
	6/ N

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00