1/16/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations		• •
	Fax Number	: (850)617-6383	
From:			
		: TRUCKING PERMITS AND MORE LLC	•
	Account Number		
	Phone	: (813)774-4726	•
	Fax Number	: (813)877-2185	2.
			•
Enter	the email address	s for this business entity to be used for	future
ana	ual report maili	ngs. Enter only one email address please.	
-	il Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN X STAR TRUCKING LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

Help JAM 2.3 2018 J. HARRIS

COVER LETTER

Division of Co			
X STAR T	RUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	FERNANDEZ, MARIA C		
		Name of Person	
	X STAR TRUCKING LLC	2	
		Firnt/Company	
	2410 S LINCOLN AVE		
		Address	<u></u>
	LAKELAND, FL 33803		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ecation)
For further information	concerning this matter, please c	ell:	
FERNANDEZ, MARIA	v C	305 \$ 472 7	1860
Name	of Person	at (305) 432.7 Atea Code Daytine	Telephone Number
Enclosed is a pheck for a	the following amount:		
★ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing For & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	JNG ADDRESS: tration Section on of Corporations Rex 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	n

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

850-617-6381

1/22/2018 9:09:39 AM PAGE 1/001 Fax Server



January 22, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

X STAR TRUCKING LLC 2410 S LINCOLN AVE LAKELAND, FL 33803US

SUBJECT: X STAR TRUCKING LLC

REF: L18000007694

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The attached form must be completed in order to file the document.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II Registration Section FAX Aud. #: H18000019578 Letter Number: 418A30001271

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JAN 22 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X STAR TRUCKING ILC	
(Name of the Limited Liability Company as it now no (A Florida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed or	01/09/2018 and assigned
Florida document number L18000007694	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
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:	6 a (E)
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	J2 *
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
·	
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street 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 filled 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

Title	<u>Name</u>	Address	Type of Action
MGR	MORALES FERNANDEZ, KAREL	2410 \$ LINCOLN AVE	
		LAKELAND, FL 33803	
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