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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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

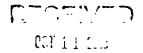
Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : 120140900047 Phone : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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



Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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10/1/18

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	COVER LETTER
ΓΟ: Registration S Division of Co	
X STAR	TRUCKING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles (of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	MORALES FERNANDEZ, KAREL
	Name of Person
	X STAR TRUCKING LLC
	Firm/Company
	2410 S LINCOLN AVE
	Address
	LAKELAND, FL 33803
	City/State and Zip Code moralk#@Bol.com
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
MORALES FERNAN	FDEZ, KAREL 305 4327860
Nami	e of Person Area Code Daytime Telephone Nu

MAILING ADDRESS:

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□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fcc &

Certified Copy

(additional copy is enclosed)

To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X STAR TRUCKING LLC		
(Name of the Limited Liabli (A Florid	lity Company as it now appears on our records.) In Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document numberL18000007694	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		SECRETALLI
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, dress here:	enter-tine name in the new
Name of New Registered Agent:		mo o
New Registered Office Address:	Enter Florida street address	PA 2
	, Flor	
	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

To: Page 5 of 6

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>	Name	Address	Type of Action
MGR	SHAREZ GALVEZ, BARBARO	2410 S LINCOLN AVE	B ∧dd
		LAKELAND, FL 33803	□ Remove
			☐ Change
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