

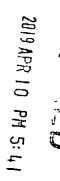
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	





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C. GOLDEN APR 1 6 2019

COVER LETTER

Lanstar Holding, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Hease return all correspondence concerning this matter to the following: Liuba F Garcia Name of Person Lanstar Holding, LLC Firm/Company 299 Live Oaks Boulevard Address Casselberry, Fl 32707 City/State and Zip Code liuba.garcia@lanstarusa.com E-mail address; (to be used for future annual report notification) further information concerning this matter, please call: oa F Garcia Daytime Telephone Number Name of Person osed is a check for the following amount: \$30.00 Filing Fee & Certificate of Status 25.00 Filing Fee ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee. Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



LANSTAR HOLDINGS, LLC

2019 APR 10 PH 5: 41

(<u>Name of the Limited Liat</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	,
	- · · ·	
he Articles of Organization for this Limited Liability		and assigned
lorida document numberL18000018559	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
e new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADI	DRESS)	····
er new mailing address, if applicable:		
iling address MAY BE A POST OFFICE BOX)		
if amending the registered agent and/or reg		enter the name of the
tered agent and/or the new registered office ac	idress nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
		ida
	City	Zip Code

gistered Agent's Signature, if changing Registered Agent:

vaccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with and he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'ed to merely reflect a change in the registered office address, I hereby confirm that the limited liability value 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>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Liuba F Garcia	9707 Biscotti Ave Orlando, 17 32829	_ ■ Add
			-
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
		-	
			□ Remove
			Change
_			
			□ Remove
			Change

	Wendell M Taylor: 70%
	Liuba F Garcia: 30%
	01/01/2019
orc	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
ate	April 04 . 2019.
	Signature of a member or authorized representative of a member
	V Mendell Taylor Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00