3/27/2018

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H18000098255 3)))



H160000982553ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 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 Addres	·s:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## EA FAST STAR LLC

Certificate of Status		0
Certified Copy		0
Page Count		. 04
Estimated Charge	OF \$4.	\$25.00

Electronic Filing Menu

Corporate Filing Menu

#### **COVER LETTER**

	egistration Se Vision of Cor						
SUBJECT	. ea fast s	TAR LLC	1 ************************************	,·1:			
NOBUEC I	'	Name of Lim	ited Liability Company	37.			
			***				
The enclose	ed Articles of .	Amendment and fee(s) are sub-	anitted for filling.				
Please rem	rn all correspo	ndence concerning this matter	to the following:				
		ALONSO AREVICH. ED	UARDO :				
			Name of Parson				
		BA FAST STAR LLC					
			First/Company		<del></del>		
		14053 BRIARDALE LN					
			Address				
		TAMPA, FL 33618					
			City/State and Zip Code				
		X-mail address: (	to be used for future enneral	report notific	ation)		
For further	information e	oncerning this matter, picase é	ullt - Friedrich Britis	A MITSOLAT S			
ALONSO AREVICH, EDUARDO		813	75823				
	Name o	( Person	Aren Code	Daytinte	Telephone Number		
Enclosed is	s a check for ri	ne following amount:					
□ \$25,00	) Filing Fcs	☐ \$30.00 Filing Foe & Certificate of Status	S55.00 Filing Pop Certified Copy cudditional copy is an		© \$60.00 Filing Foe, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Matt	ING ADDESS.	erber.	T/C/1110 I W	D ADOUTES.		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS
Registration Section
Division of Corporations
Clafton Building
2661 Executive Center Circle
Totlahassee, FL 32301

**\* :** :

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

BA FAST STAR LLC					_	
Name of the Limit	ed Lightlity Com (A Plotide Limite	DRIEV OF IT NOW EDDEATH d Liability Company)	on our records.)			
The Articles of Organization for this Limited Li	ability Compar	ny were filed on 02/0	06/2018	8:1	d orsig	ned
Florida document number L/18000033337	·					
This amendment is submitted to amend the folk	owing:	•				
A. If amending name, enter the new name of	the limited lis	billty company her	re:			
The new name must be distinguishable and quantain the w	neds "Limited Lis	bility Company," the de	wignalim "LLC" or the	i sistireviatic	) ()" m	Ç."
Enter new principal offices address, if applic	able:	·		·· <u>·</u>	· · · · · ·	<b></b> ;
(Principal office address MUST BE A STREE	TADDRESS)	·	<u>.                                  </u>			
		<del></del>			<u>ಹ</u>	
		•		.4 h		; ,
Enter new mailing address, if applicable:				- 3	- <u></u> 	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u>- 497</u>		
		<u> </u>				<del>- ; · .</del>
B. If amending the registered agent and	or registered	office address on	our records, ent	er the Di	T.T Lme-ol	the ne
registered agent and/or the new registered of				Tops	-	
Name of New Registered Agent:	MARTHA L	ETICIA CHAVEZ O	DLIVERA		_	
New Registered Office Address:	14053 BRIA	RDALE I.N				
		Knier Flag	ida street uddress			
	TAMPA		, Florida		<del></del>	
		City		Zψ	Code	
New Registered Agent's Signature, if changing 1	Registered Ager	· ***		<b>-</b> •	- 10 <b>-11</b>	

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 603, 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 Chapting Resistered Agent, Stenature of New Recistered 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

Tiele	Name	Address	Type of Action
MGR	ALONSO AREVICH, EDUARDO	14053 BRIAREVALE UN	<b>D</b> Add
		TAMPA, FL. 33SIR	Remove
			Change
MGR	MARTHA LETICIA CHAVEZ OLIVERA	(4053 BRIARDALE UN	<b></b> Add
		TAMPA.PL 33618	Remove
			Q Change
	•		Réinove
		· ·	Change
			Add
			□ Kemove
			Change
			D Add
			□ Remove
			Chunge
<del></del>			
			☐ Romove
			Change

	- ISS	<del> </del>
<u> </u>		·
		·
1	<del></del>	
	•	
	197	<del></del>
	**************************************	28
		A.E.
<u></u>		<u> </u>
		•••
	33	
• • • • • • • • • • • • • • • • • • •	•	
ective date, if other than the date o effective date is listed, the date must be spo	cific and cannot be prior to date of filing or more than 90 days a	optional) siter filing.) Pursuant to 605 0207:
if the date inserted in this block do ument's effective date on the Departa	es not meet the applicable statutory filing requirements,	, this date will not be listed as t
ament a pricerific data on the popular	on a succession	
record specifies a delayed effe	ctive date, but not an effective time, at 12:0 filed.	)1 a.m. on the earlier of
he 90th day after the record is	filed.	
. 2/00	رم يون	
ed 3/2 B	,	
_ Shirt		
	ice of a member or authorized representative of a member	
Signit	• • • • • • • • • • • • • • • • • • • •	

Page 3 of 3

Filing Fee: \$25.00