# 118000284495

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Serve Star USA LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Jenna Martel<br>Name of Person   |
| Firm/Company   |
| 7200 NW 2nd Ave Apt 141  |
| Roca Rata FL 33487  City/State and Zip Code  Jenna. Martel & Me, Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Jenna Martel at (305) 308-2338  Name of Person at (305) 308-2338  Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2020 FEP 18 AM 2: 19

Letter Number: 920A00002170

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2020

JENNA MARTEL 7200 NW 2ND AVE APT. 141 BOCA RATON, FL 33487

SUBJECT: SERVE STAR USA LLC

Ref. Number: L18000284995

We have received your document for SERVE STAR USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Serve Star   | <u> </u>                                |                            |                     |                  |
|--|---|----------------------------|---------------------|------------------|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia   | y as it now appears<br>ability Company) | on our records.)           |                     |                  |
| The Articles of Organization for this Limited Liability Company w  | vere filed oni                          | 2/24/19                    | and assign          | ned              |
| Florida document number <u>L1800038499</u> S   |   |                            |                     |                  |
| This amendment is submitted to amend the following:  |   |                            |                     |                  |
| A. If amending name, enter the new name of the limited liabili   | ity company her                         | <u>re</u> :                |                     |                  |
|  | VA                                      | Claim                      | Care                | LLC              |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the de                      | signation "LLC" or the     | abbreviation "L.L.C |                  |
| Enter new principal offices address, if applicable:  |   |                            |                     |                  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                            |                     |                  |
| Enter new mailing address, if applicable:  |   |                            |                     |                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                            | <b>202</b>          | <del></del> -    |
|  |   | <del></del>                | 7                   | T                |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | ldress on our re                        | cords, <u>enter the na</u> | me of the new r     | <u>egistêred</u> |
| agent and/or the new registered office address here:   |   |                            | -                   | m                |
| Name of New Registered Agent:  |   | ····                       | PH 5                | D                |
| New Registered Office Address:   |   |                            | 3 3 3 S             |                  |
|  | Enter Flori                             | da street address          |                     |                  |
|  |   | , Florida _                | <del></del>         |                  |
|  | City                                    |                            | Zin Coue            |                  |

### 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 AMBR = Authorized Member **Title Name** Address **Type of Action** \_\_\_\_\_\_ □Remove \_\_\_\_\_ □∧dd \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_ □Remove

Page 2 of 3°

| ). If ame                 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| (If an ef<br><u>Note:</u> | ive date, if other than the date of filing:  |
|                           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated                     | 12/24/19   |
|                           | Signature of a member or authorized representative of a member   |
|                           | Jenna Martel  Typed or printed name of signee  |

Filing Fee: \$25.00