19000036250

(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:

Office Use Only



400325286514

U3/U4/19--U1021--UGS +*S0.U0

THE BALLANSSEE THERE'S

MAR 1 1 2019 C MCNAIR

COVER LETTER

	gistration Se vision of Cor		•		2019
~ SUBJECT:		SHINE STARS TRANSPORT	LLC		135 萬
SUBILCT.		Name of Lim	ited Liability Company		2018 KAR - L
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	indence concerning this matter	to the following:		
		MARITZA ESPINAL			
			Name of Person		-
		R&R SUNSHINE STARS	TRANSPORT LLC		
		4648 SW 35 STREET	Firm/Company		-
		WEST PARK, FL 33023	Address		•
		RENE87ARMANDO@YA	City/State and Zip Code HOO.ES		-
		E-mail address: (to be used for future annual repor	rt notification)	
For further i	information c	oncerning this matter, please ca	all:		
MARITZA	ESPINAL		305 504-94 at ()	18	
	Name o	f Person		aytime Telephone Numbe	r
Enclosed is	a check for the	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FLORIDA L19000036250

Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
N/A	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the neere:
Name of New Registered Agent GLOBAL TA	AX & ACCOUNTING GROUP CORP

New Registered Office Address:

3399 NW 72 AVE STE 216

Enter Florida street address

MIAMI

City

New Registered Agent's Signature, if changing Registered Agent:

R&R SUNSHINE STARS TRANSPORT LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RENE BENITEZ DEL CALVO	4648 SW 35 STREET WEST PARK, FL 33023	Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Add
			☐ Remove
			· Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

N/A	•		_	
· ·				
				
-	.			
			· · ·	·
				
				
				
rice				4. 2. 1
(If an effective Note: If t	ve date is listed, the date must b the date inserted in this bloc	k does not meet the applica	to date of filing or more than 90 d able statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605.0207 (. ents, this date will not be listed as th
document	s effective date on the Dep	partment of State's records.		
	d specifies a delayed of th day after the recor		t an effective time, at 1	2:01 a.m. on the earlier of:
Dated 02	/ 22	2019		
		Matery	_	
	S	ignature of a member or autho	rized representative of a membe	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00