1190001/6602

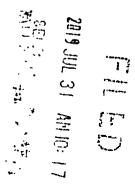
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FURIN

Office Use Only



700328976817

05/14/19--01005--001 **85.60



Y SULKER AUG 0 6 2019



July 16, 2019

HI-TEC STAR AUTO LLC 415 GLENWOOD DR WEST PALM BEACH, FL 33415

SUBJECT: HI-TEC STAR AUTO LLC

Ref. Number: L19000116602

We have received your document for HI-TEC STAR AUTO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 319A00014353

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

	Registration Se Division of Cor			
21 4 1 94 4 P1 4 P1	Hi Te	c Star Auto	II C	
SUBJEC	T: <u> </u>		ited Lubility Company	
The enclo	osod Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all comespo	ndence concerning this matter	to the following:	
		<u>Christophe</u>	er Nicholson Name of Person	
			Firm Company	
		415 Glenwo	ad Dr	
			Address	
		<u>West Palm</u>	Beach, FL 334 City/State and Zip Crose	115
		hitegstarl@g	iamil.com	
		E-mail address (to be used for future unimal report mont	Auton)
her furthe	er mioemalion ei	incerning this matter, please co	ni ·	
Chris	<u>stopher</u>	<u>Nicholson</u>	<u>954,540-62</u>	
	Name of	(Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25 0	0) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional ropy) is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (salitional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: axion Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Fallahassee, 44, 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hi Tec Star Auto LLC

(A Florida Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company	were filed on \underline{Apt}	<u> 11 30, 20</u>]]] and as:	signed
Florida document number <u>L19000116</u>	<u>602</u> .				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited linb	oility company bere:			
N/A					
The new name must be distinguishable and contain the we	irds "Limited Lizbi	lity Company," the desig	gration "HTC" or the a	abbreviation "L	EC"
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)		N/A N/A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE L	<u>30X)</u>	N/A N/A N/A		#S 5	2
B. If amending the registered agent and/or registered agent and/or the new registered off			ar records, <u>ente</u>	the name	6P the ne
Name of New Registered Agent:	N/A		·. · · · · ·		<u></u>
New Registered Office Address:	N/A	Emer Florkin	TPYY I IXÎ Y S		
	N/A		. Florida	N/A	
		City.	r w w _	/ap Cinte	
New Registered Agent's Signature, if changing R	ezistered Azenti				

I hereby accept the appointment as registered agent and agree to act in this capacity. I firther 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 obliquious 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.

N/A

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>	Address	Type of Action
<u>MGR</u>	Alvis Parnell		O Add
		1415 Canterbury LN Apt 8 108 Munderein. IL 6	0060 - Remove
			_ O Change
MGR	Flo Parnell	415 Glenwood Dr West Palm Beach, FL 3	<u>3415 m</u> aja
			□ Кепюче
			Change
			□ ∆ಟ
			🖸 Кеточе
			Change
			DAM
			O Remove
			Change
			D Add
			□ Remove
			Change
			D A&I .
			O Remove
			C Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary)
_	
_	
_	
-	
_	
_	
-	
-	
-	
-	
-	
_	
	05 /00 /9860
(lî m eli <u>Note:</u>	ive date, if other than the date of filing: 15/18/2019 (optional) extive date is listed, the date must be specific and cannot be price to date of illing or more than 90 days after filing.) Pursuant to e05.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the red b) The	tord 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	06/30/2019
	E. Micholory
	Signature of a member or authorized representative of a member
	Chaistachas D. Nichelson
	Christopher D. Nicholson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00