L19000124134

(1	Reque	stor's Name	:)	
(Addres	ss)		
(Addres	ss)		
(City/S1	tate/Zip/Pho	ne #)	
PICK-UP	[WAIT		MAIL
	Busine	ess Entity N	ame)	
	Docum	nent Numbe	er)	
Certified Copies		Certificat	es of S	tatus
,				 *
				
Special Instructions	to Filir	ng Officer:		

Office Use Only



300365435823

05/07/21--01013--022 **60.00

2021 F.Y. - 7 . FM 14 18

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BIG ST	AR AUTOBODY SU Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	KRISTIN SI	Name of Person	
	BIG STAKE	ELITE Firm/Company	
	4250 DONR	-D # 3φ5 Address	
	MELBOURNE	City/State and Zip Code	
	big Starsup E-mail address! (1	ply Egnail. Com to be used for future annual report note	fication)
For further information co	ncerning this matter, please ea	all:	
KRISSY SNOV Name of	N Person	at (<u>321</u>) <u>821–8</u> Area Code Daytim	16470 Te Telephone Number
Enclosed is a check for the	e following amount:		,
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG STAR HUTOB	ODY DUPPLY LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilir	ty Company were filed on	and assigned
Priorida document number 1 1944 155 113	· -1 ·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
BIG STAR ELITE LLC	·	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
B. If amending the registered agent and/or regist		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ne of the new registered
agent and of the new registered office address he	<u> </u>	
Name of New Registered Agent:		 ,
New Registered Office Address:		
	Enter Florida street address	
	, Florida	, G -
	City	Zip Code

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Change
			Add
			□Remove
			Change
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove

_____ Change

Page 2 of 3

(If an e Note:	tive 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: e 90th day after the record is filed.
Dated	1 May 5 . 2021.
	Signature of a member or authorized representative of a member
	KRISTIN SNOW Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00