119000145766

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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2019 (m. 1.7 P.1 5: 56

Amend

JUN 28 2019 I ALBRITTON

COVER LETTER

TO: Registration So Division of Cor		***************************************	
STAR AU SUBJECT:	TO TRANSPORT LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARGIE GARCIA		
		Name of Person	
	31-0-	Firm/Company	
	6810 SW 13 ST		
	MIAMI, FL 33144	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
MARGIE GARCIA		305 607-0642	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

STAR AUTO TRANSPORT LLC

	TO		
ART	TICLES OF OR	RGANIZATION	يفس
	OF		
STAR AUTO TRANSPORT LLC	;		
(Name of the Lim	ited Liability Company	as it now appears on our recollity Company)	ords.)
	(A Florida Limited Lial	othty Company)	بی
The Articles of Organization for this Limited I	Liability Company w	ere filed on MAY 31, 201	and assigned
Florida document number L19000145766			
Fiorida document number	·		
This amendment is submitted to amend the fol	lowing:		
	6.1 22 4. 111 122		
A. If amending name, enter the new name	of the limited liabilit	v company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cahla		
• • • • • • • • • • • • • • • • • • • •			,
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
	-		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	E BOX)		
	-		
B. If amending the registered agent and	Non magistaned uffic		undo onton the name of the now
registered agent and/or the new registered (e address on our reco	ords, enter the name of the new
	STATE AND THE COLUMN TO THE CO		
	SANTIAGO GAR	2CIA	
Name of New Registered Agent:	5/1/17/100 (3/1		
New Registered Office Address:	6810 SW 13 ST		
		Enter Florida street ad	dress
	MIAMI		Florida 33144
			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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARGIE GARCIA	6810 SW 13 ST	
		MIAMI, FL 33144	
			■ Remove
			☐ Change
MGR	SANTIAGO GARCIA	6810 SW 13 ST	
		MIAMI, FL 33144	■ Add
			☐ Remove
		 	☐ Change
		, —	
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Remove
		***************************************	☐ Change
			□ Add
			□ Remove
			Change

D. If amen	iding any other information	i, enter change(s) here:	: (Attach additiona	l sheets, if necessary.)	
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Note: 1	re date, if other than the date etive date is listed, the date must be f the date inserted in this block nt's effective date on the Depar	does not meet the applical	o date of filing or more t ble statutory filing re	(optional) than 90 days after filing.) Pu quirements, this date will	rsuant to 605.0207 (3 ½) not be listed as the
	ord specifies a delayed ef 90th day after the record		an effective time	e, at 12:01 a.m. on	the earlier of:
J Dated _	UNE 12	2019			
	-	AGn.	ر ر		
	Sign	nature of a member or author	rized representative of a	member	
	SANTIAGO GARCIA				
		Typed or printed	I name of signee		

Page 3 of 3

Filing Fee: \$25.00