## L20000024679

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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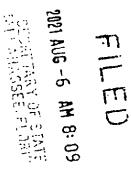
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AUG O G 2021 A RAMSEY



July 22, 2021

ANGELICA BARAJAS 90 N.W. 39TH STREET MIAMI, FL 33127

SUBJECT: STARTRED GROUP, LLC

Ref. Number: L20000024679

We have received your document for STARTRED GROUP, 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):

Page two is missing from this amendment. In order to be able to file an amendment the form must be completed and have changes made to your entity.

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: 921A00017004

Summer Chatham OPS

www.sunbiz.org

## **COVER LETTER**

CIED IE	Startred Gro	oup LLC		
SUBJEC	-1: <u></u>		mited Liability Company	<del></del>
The enclo	osed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspor	ndence concerning this matter	r to the following:	
		Angelica Barajas		
			Name of Person	<del></del>
	Name of Person  Startred Group LLC  Firm/Company  90 NW 39th Street  Address  Miami FL 33127  City/State and Zip Code mlopez@us-latamtaxgroup.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  Barajas  714 206-1100  Name of Person  Name of Person  Area Code  Daytime Telephone Number  s a check for the following amount:  Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: egistration Section invision of Corporations  Street Address: Registration Section Division of Corporations			
			ce(s) are submitted for filing.  g this matter to the following:  gas  Name of Person  DLLC  Firm/Company  treet  Address  27  City/State and Zip Code  santaxgroup.com  sail address: (to be used for future sanual report notification)  ter, please call:  at (14 206-1100 at (26 200 200 200 200 200 200 200 200 200 2	
		Name of Limited Liability Company  reticles of Amendment and fee(s) are submitted for filing.  It correspondence concerning this matter to the following:  Angelica Barajas  Name of Person  Startred Group LLC  Firm/Company  90 NW 39th Street  Address  Miami FL 33127  City/State and Zip Code mlopez@us-latamtaxgroup.com  E-mail address: (to be used for future annual report notification)  mattion concerning this matter, please call:  In an an annual report notification of Certificate of Status & Certificate o		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Miami FL 33127		
			City/State and Zip Code	<del></del>
		mlopez@us-latamtaxgroup	o.com	
		E-mail address:	(to be used for future annual report noti	fication)
For furthe	a information co	ncerning this matter, please o	all:	
Angelica	Barajas			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
	falling Address:			
	_		<del>-</del>	
	O. Box 6327	iborgnonz		
	allahassee, FI	<sub>-</sub> 32314		ananassee : Street Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 AUG-6 AM 8: 09

Startred Group LLC

(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 Compa	my were filed on 01/28/2020	and assigned
Florida document number L20000024679		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florid	da
	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 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
AMBR	Luis Carlos Liborio Correa Restrepo	90 NW 39th Street	□Add
		Miami, FL, 33127	■Remove
AMBR	Francisco Alejandro Velez Restrepo	90 NW 39th Street	□Add
		Miami, FL. 33127	■Remove
			□Change
AMBR	Daniel Restrepo Mesa	90 NW 39th Street	□Add
		Miami, FL. 33127	■Remove
			□Change
			□Add
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June 1st			2021	$\bigcap$				
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