

L200000024679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600368353246

Amend

06/29/21--01030--014 **25.00

2021 AUG -6 AM 8:09
SECRETARY OF STATE
CITIZENSHIP PLANNING

FILED

AUG 9 6 2021
A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Summer Chatham
OPS

Letter Number: 921A00017004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Startred Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all 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)

For further information concerning this matter, please call:

Angelica Barajas

714 206-1100

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2021 AUG -6 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Company 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luis Carlos Liborio Correa Restrepo	90 NW 39th Street	<input type="checkbox"/> Add
		Miami, FL, 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francisco Alejandro Velez Restrepo	90 NW 39th Street	<input type="checkbox"/> Add
		Miami, FL, 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Restrepo Mesa	90 NW 39th Street	<input type="checkbox"/> Add
		Miami, FL, 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 (2)(f) (3)(iv),
 if an effective date is listed, it must meet the applicable statutory filing requirements; this date will not be listed as the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer