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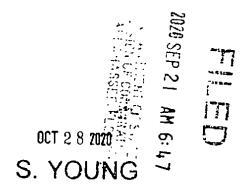
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration Se Division of Cor		- 1	•
	•	•	
SUBJECT: 7 TH	STAR LLC	· · · · · · · · · · · · · · · · · · ·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ariel Martinez		
		Name of Person	
	Royal Carrier Service, LLC	C	
		Firm/Company	
	7392 NW 53rd Terrace - S	uite 305	
		Address	
	Miami, FL. 33122		
		City/State and Zip Code	
	ariel@royalcarrierservice.co	om	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Ariel Martinez		305 222-7116	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Contacad is a about for t	na following amount:		
Enclosed is a check for the	-		-
■ \$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 Addres		Street Address:	
Registration 5		Registration Section Division of Corporations	
Division of C	-	The Centre of	
P.O. Box 6327		THE CERTIE OF	i alialiassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7TH STAR, LLC.

(Name of the Limited Liability (A Florida I	Company as it now appears on ou limited Liability Company)	ruccords)
		T. O wait
The Articles of Organization for this Limited Liability Co.	mpany were filed on $\frac{06/23/202}{}$	and assigned
Florida document number L20000175231	. -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	5
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(222)</u>	
Takan mana maddan addan addan da		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 '	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Projectional Office Address		
New Registered Office Address:	Enter Florida stree	ei address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my du ent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature 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
AMBR	Yessika Rossana Moran	6037 Mayo Street	
		Hollywood, FL. 33023	□Remove
			□Change
			□Add
		,,,,, ,,,	□Remove
			□Add
		<u></u>	□Remove
			[]Change
			□Add
		Remove	
		-	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at document's effective date on the Department of State's records. e 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 rd is filed.	lfame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member	Dated ₋	9/14(1), 2020.
		Signature of a member or authorized representative of a member
Typed or printed name of signee		

Filing Fee: \$25.00