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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Document Number)	
Certified Copies Certificates of Status	
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OCT 29 2020

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	<u>Black</u>	Le Rockwood	
	Ţ.	Name of Person	
	DSI TRUCKING PERME	r SERVICES INC	
		Firm/Company	
	5200-B WEST NEWBERI	RY ROAD	
	·	Address	
	GAINESVILLE, FL 3260	7	
		City/State and Zip Code	
	PERMITS@PERMITMYT		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
BLAKE ROCKWOOD		888 342-0784	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
		<u>.</u>	

Mailing Address:
Registration Section
Division of Corporations

Registration Section
Division of Corporations

TO:

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

STAR QUALITY TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A rionda Limitea .	Ciamitiy Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/08/2020	and assigned
Florida document number L20000280068		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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 agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
1f Cha	nging Registered Agent, Signature of N	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	TRISHANA MCPHERSON	9741 SW 12TH ST	≅ Add
		PEMBROKE PINES. FL 33025	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
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	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change

ffective date, if other than the date of filing: 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 are: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. 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 is filed. SEPTEMBER 18 2020 White Market Signature of a member or authorized representative of a member										
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2 hm - Thrumphol		ate, but not	t an effecti	ve time, a	t 12:01 a.m	n. on the e	arlier of: (b) The	90th day	after the
Dan Thrumphol	SEPTEMBER 18		2020							
Signature of a member or authorized representative of a member			- 0	Tount	h					
	/ Khin									

Filing Fee: \$25.00