K20000341262

(Re	nuestor's Name)	_
(,,,,	,4400.010101101	
(Ad	ldress)	
(Ac	ldress)	
(
(Ci	ty/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	
·	•	
ertified Copies	_ Certificates	s of Status
Consist to the sale of the sale		1
Special instructions to	Filing Officer:	
		j
	Office Use On	lv



200357905242

01/19/21--01005--020 **25.00



JA, 2/22/21

COVER LETTER

Registration Section Division of Corporations

):

BJECT:	STAR TRAN	SPORTATION & LOGISTIC	CS LLC	
ывст		Name of Limit	ed Liability Company	_
e enclosed	l Anicles of A	mendment and fee(s) are subn	nitted for filing.	
ase return	all correspond	dence concerning this matter to	o the following:	
		Re	OSITA CHRISTOPHE	
			Name of Person	
		STAR TRANSPOR	RTATION & LOGISTICS LLC	
			Firm/Company	
			620 SW 113 AVE	
			Address	
		PEM	BROKE PINES, FL 33025	
			City/State and Zip Code	
			ositac62@yahoo.com	
		E-mail address: (t	to be used for future annual report notific	cation)
further i	nformation co	ncerning this matter, please ca	all:	
Rosita	Christophe	. •	954 383-4772 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
closed is	a check for the	e following amount:		
\$25.00	Filing Fec	☐ \$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 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

		ty Company as it now appear		
	(A Florida	ty Company as it now appear a Limited Liability Company)	a on our records.)	
ne Articles of Organization 1	for this Limited Liability C	Company were filed on	10/27/2020	and assigned
orida document number	1.20000341262	·		
nis amendment is submitted	to amend the following:			
. If amending name, <u>enter</u>	the new name of the lim	ited liability company he	ere:	
e new name must be distinguisha	able and contain the words "Lim	nited Liability Company," the d	esignation "Ll.C" or the abb	reviation "L.L.C."
nter new principal offices :	address, if applicable:			
rincipal office address MU	<u>ST BE A STREET ADDI</u>	RESS)		
				202
			A. E	AL I
iter new mailing address,	if applicable:		<u> </u>	· · · · · · · · · · · · · · · · · · ·
lailing address MAY BE A	POST OFFICE BOX)		<u> </u>	·- ·
			臣.	P .!!
				
If amending the registerent and/or the new register	ed agent and/or registered ered office address here:	d office address on our r	ecords, <u>enter the name</u>	ofthe new regi
Name of New Regis	stered Agent:			
New Registered Off	ice Address:			
•		Enter Flor	rida street address	
			, Florida	77. 6.1.
		City		Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1GR = Manager \MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
MGR	SYLVIO CHRISTOPHE	620 SW 113 AVE	≣Add
		PEMBROKE PINES, FL 33025	□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			Change
		··.	□Remove
			□Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	is a fartiser with	·
971	ac Transportation & Logistics I.C.	
	44 - 1 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	
		
		<u> </u>
		
		
		
n effective date i ste: If the date	if other than the date of filing:	to 605.020 be listed as
ecord specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	ay after the
is filed.	<i>;</i> /	
ited 0/	1/1/2/ 1/1/1	
	Septature of a member or authorized representative of a member	
	1. 4/ / V	