

L210000033040

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000228487 3)))



H210002284873ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2021 JUN -9 PM 3:03

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MBA ACTIVATION, LLC
Account Number : I20130000007
Phone : (786)439-9847
Fax Number : (786)345-0666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: blackstarpaperprocessing@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIG
BLACKSTAR PAPER PROCESSING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
CLERK OF COURT
JULY 13 2021

2021 JUN -9 AM 10:25

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blackstar Paper Processing, 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 01/15/2021 and assigned
Florida document number L21000033040

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 end with 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: Caridad V. Diaz Rodriguez

New Registered Office Address: 5375 NW 159th Street, #5462

Enter Florida street address

Miami Lakes

City

Florida

33014

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.

(Signature)
If Changing Registered Agent Signature of New Registered Agent

FILED
2021 JUN 19 AM 10:25
CLERK OF CIRCUIT COURT
JANICE E. FLEMING
33014

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Michael C. Diaz	5375 NW 159th Street	<input type="checkbox"/> Add
		#5462	<input checked="" type="checkbox"/> Remove
		Hialeah, FL 33014	
MGR	Caridad V. Diaz Rodriguez	5375 NW 159th Street	<input checked="" type="checkbox"/> Add
		#5462	<input type="checkbox"/> Remove
		Hialeah, FL 33014	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

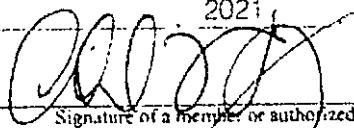
The member being removed is released of all obligations with the business. He
did not have any financial benefit since the date the business was opened up
to the date of signing this amendment. The member assuming the 100% of the
ownership through this document is responsible of all business obligations.
Update the EIN in your records: 86-1471471

E. Effective date, if other than the date of filing: 06/09/2021 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated June 9th

2021



Signature of a member or authorized representative of a member

Caridad V. Diaz Rodriguez - Manager

Typed or printed name of signer

FILED
2021 JUN - 9 AM 10:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA