

L21 000083617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

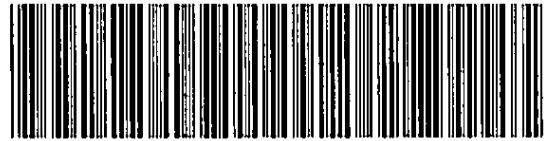
(Document Number)

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2021 JUN 17 A 11:24

11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7Stars Trucking 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:

Adam B. Kenner, Esq.

Name of Person

Kenner + Imperato, PLLC

Firm/Company

990 Biscayne Blvd., Suite 1402

Address

Miami, Florida 33132

City/State and Zip Code

adam@ki-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Kenner

305 455-5656
at ()
Area Code Daytime Telephone Number

Name of Person

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

2021 JUN 17 AM 11:24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

7Stars Trucking 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 08/18/2021 and assigned
Florida document number L21000083617.

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)

990 BISCAYNE BLVD., SUITE 1402
MIAMI, FLORIDA 33132

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:

KENNER + IMPARATO, PLLC

New Registered Office Address:

990 BISCAYNE BLVD., SUITE 1402

Enter Florida street address

MIAMI

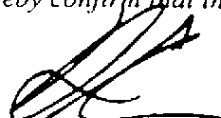
City

Florida 33132

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 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	JANORIS JENKINS	1944 S. CLUB DRIVE	<input type="checkbox"/> Add
		WELLINGTON, FLORIDA 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM JENKINS, SR.	1944 S. CLUB DRIVE	<input checked="" type="checkbox"/> Add
		WELLINGTON, FLORIDA 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


2021 JUN 17

2021 Jun 17 All:

Subpart 1 to 605.0207 (3)(b)

not be listed as the

Dated June 9, 2021



Adam B. Kenner, Esq., Authorized Representative

Filing Fee: \$25.00