121000092304

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		5/18/21 Tm

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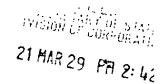
COVER LETTER

TO:

TO: Registration So Division of Con			
SUBJECT: A1	Transport	ited Liability Company	LLC.
Stellare T.	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:	
	<u> </u>	Hatcher Name of Person	
	Al tran	Spurting Servi	ice stic.
	4515 NW	3VOI Ct.	
	Plantati	un H. 33317	
		t hyrotate and rap come	
	Al Wans	Purting Services!	Danail Com
	E-mail address! (to be used for futhre annual report notif	lication/
For further information c	oncerning this matter, please ea	all:	
Kartem	Hatcher	at (954) US Area Code Daytime	7956
Name o	d Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(A Florida Linnied L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 12100092304 .	were filed on 2	1124 12021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company her	<u>c</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "L.L.C" 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 at agent and/or the new registered office address here:	ddress on our rec	ords. enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida Zip Code
	Cirv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance of m rovided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

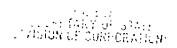
company has been notified in writing of this change.

If Changing Registered Agent, Signature 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



Title	<u>Name</u>	Address 21 MAR 29 PM 2: 42	Type of Action
PMB12	Kareem Hatcher	4515 NW 3rd Ct	XAdd
		Plantation f1.33317	
			□Change
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ord specifies a tilled.	lelayed eft	ective date	, but not	an effectiv	e time, a	it 12:01 a.n	i. on the	earlier of	(b) T	he 90th da	y after the
d <u>Mar</u>	<u>on</u>	24 TV	· .	202	21 A	4					
		7		nember or a	urbarized	representati	ve of a m	unber			
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Filing Fee: \$25.00