## L21000 315735

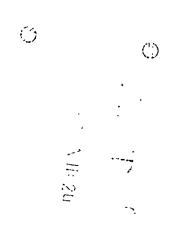
(R	equestor's Name)
(A	ddress)
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PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT: AO	STAR GLOBAL	EXPRESS LLC		
	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:		
	Advis	an OLivaris		
		Name of Person		
		Firm/Company		
	16945 EW	115 +4 PL Address		
		Address		
	Mi	cmi, FL , 33/7:	9	
	<u> </u>	City/State and Zip Code	<u> </u>	
	aostarsloso	City/State and Zip Code  (RXPXSS Dgmz; 1. com	1	
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please co	all:		
Advish Oh	: Vares	at (786) 348 - 3 Area Code Daytime	695.	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:		I I	
图 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	(C)
		0		
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion 2	• •
Division of C		Division of Corp	orations =	
P.O. Box 632		The Centre of Ta		$\bigcirc$
Tallahassee, I			Street, Suite 810	-

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, , ,	L EXPRESS LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.)   Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>121000315735</u>	y were filed on $\frac{7/12/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	16345 SW 11574 PL.
	16345 SW 11544 PL. Micmi, FC 33177
	Same as Principel.  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:	Advice Olivares () Same as Amipel.
New Registered Office Address:	same as Principal.
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
FNBS	Nelvido Jaime Suare	3912 SW 10744 Ave Mismiff	33/65 ⊕Add
			□Remove
			□Change
MGR tchimi Ariss	Johnni Ariss	16545 Sw 19th PL Micnei, FL 331+7	□Add
		Micnei, FL 331+7	Exemove
			□Change
<del></del>			🗆 Add
			□Remove
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			□Remove
			□Change

	N/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	_
	Add. Nelvido Jaime Svarez		_
	3912 SW 10744 Ave Miemi, FC 33165		_
			_
	Lemove: tchimi Ariss		_
	16545 Sw 115th PL		_
	Micmi, FC 33177.		_
			<del>, _</del>
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			_
			_
		<del>- 3</del>	_
			$\bigcirc$
(If an effectiv <u>Note:</u> If the	late, if other than the date of filing:	iling.) Pursuant to 6	
If the record sprecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day at	ter the
		2:1	_
Dated	July 30 202		•
	48		
	Signature of a member or authorized representative of a member  Adrian Od: Vaves		
	(A) I was a fill the confi		

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

Filing Fee: \$25.00