

121 000 405 858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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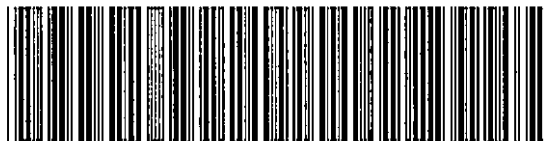
(Business Entity Name)

(Document Number)

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21 DEC -2 12:10:39

T. MATTHEWS

DEC 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR TROCK STAR 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:

Yunerdy Nunez Borges
Name of Person
[Signature]
Firm/Company
8417 Vicksburg Road
Address
Spring Hill, FL 34608
City/State and Zip Code
yunerdy72@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yunerdy Nunez Borges at 772 501-5732
Name of Person Area Code Daytime Telephone Number

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

AR TRUCK STAR LLC

The Articles of Organization for this Limited Liability Company were filed on 09/13/2021 and assigned Florida document number L21000405858.

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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

21 DEC -2 AM 10:39

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Yunerdy Nunez Borges	8417 Vicksburg Road	<input type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alier Rivero Nunez	8417 Vicksburg Road	<input type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

please add Second Last name, and: 39
both of authorized mem bers.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 29, 2021.

Signature of a member or authorized representative of a member

Yonordy Nunez Borges

Typed or printed name of signee