(((H230001053713)))



H230001050713ABOW

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC.

Account Number : I20180000033

Phone : (305)805-3516 Fax Number : (305)887-5844

**Enter	the	email	${\tt address}$	for	this	busin	ess	entity	to	be	used	for	future
SS < 3⊓	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	# <b>4</b>

조롱은 Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SG STAR INVESTMENT L.L.C.

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

## COVER LETTER

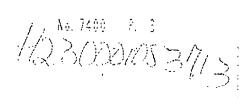
TO: Re <sub>l</sub> Div	gistration Sect Islon of Carpo	on rations		
SUBJECT:	SG STAR IN	ESTMENT LLC	•	
		VESTMENT LLC	mited Liability Company	
The enclosed	Articles of An	endment and fec(s) are su	ibmitted for filing.	
		nce concerning this matte		
		STEPHANY GUTTERRE	G.Z.	
			Name of Person	
			Firm/Company	
		5689 ARBORVISTA DR		
			Address	
	;	Saint Cloud, FL 34771		
			City/State and Zip Code	
		E-mail address; (	to be used for fixure annual report noti	diestion
For further info	ormation conce	rning this matter, please ca	ali:	The arrivers
STEPHANY C	UTIERREZ			
	Name of Pers	on	at ( . ) Area Code Daytime	c Telephone Number
Enclosed is a cl	eck for the foll	owing amount:		
<b>≘</b> \$25.00 Fili		\$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Mar. 20. 2023 - 4:07FM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SG STAR INVESTMENT LLC					
(Name of the United Liability Comp (A Florida Limited	any as It now suppears on our records.) Lisbility Company)				
The Articles of Organization for this Limited Liability Company Florida document number L21000420683	y were filed on 09/23/2021	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited list	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbrevistion "L.L.C."			
Enter new principal offices address, if applicable:	5689 ARBORVISTA DR				
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FL 34771				
Enter new malling address, if applicable: (Mgilling address MAY BE A POST OFFICE BOX)	5689 ARBORVISTA DR SAINT CLOUD, FL 34771				
	Was to see the second s	202			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	12			
Name of New Registered Agent:					
New Registered Office Address:		<u>- န</u> - မှာ			
	Enter Florida street address	. ဟ ယ			
<del></del>	, Florida _				
	Cıţı	Zlp 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 filled 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.

	_					*** ***	•
16	Chandina	D 41-4	4	Ciminate	* b.t	Registered Agent	
11	CHABERRY	RCDISTEFER	Artnt.	aignature i	II IVew	REDISTRIC Ameni	
	B			D. H. Hattat C. C.		reginitated expents	

403 WOWS 5713

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	Name C: O	Address	Type of Action
WER	Stephany butternez	5689 Artorvista De	🗆 🗆 Add
	S.	5689 Arkorvista De Swatcloud, Pl. 34771	[]Remove
			. 1
			CJAdd
			[]Remove
			□Change
			[]Add
			= ERemove
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<del></del>			□Add
			Remove
			_ () Change
<del></del>			_ □Add
			_ 🗆 Remove
			_ DChunge
			_ □Add
			_ ©Remove
			_ [] Change

	, &
***************************************	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and e Note: If the date inserted in this block does not me document's effective date on the Department of Sta	cannot be priod to date of alting or more than 90 days after filing.) Pursuant to 605,0207 (3)(t cet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not a record is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 20.	2013 Lerroz
V Signature of a me	ember or authorized representative of a member
STEPHANY GUTIERREZ	'yped or printed name of signee

Filing Fee: \$25.00