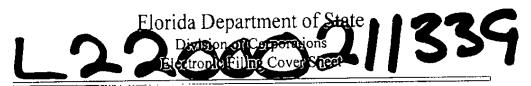
Division of Corporations

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Fax Number

(850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168 Phone : (727)322-0909 Fax Number : (727)610-8595

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DARIEN. STEELE O SSF. NUTCS

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## STAR STEELE FLEET LLC

Certificate of Status	1
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To: +18506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

## ARTICLES OF ORGANIZATION

STAR STEELE FLEET, LLC	A Linkilla. Company of it was appeared	n our records )	
(Name of the Limit	ed Liability Company as it now appears of (A Florida Limited Liability Company)	ii our records.)	
The Articles of Organization for this Limited L	iability Company were filed on 05/19	/2022 and ass	signed
Florida document number <u>L22000211339</u>	'		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the desi	guation "LLC" or the abbreviation "L	L.C.''
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI			
(Principal Office address MCBT BE A STREET	The Manager		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our rec ess here:	ords, enter the name of the ne	ew regist 2022 HAY
Name of New Registered Agent:	DAVID C HASTINGS, CPA	;•	
New Registered Office Address:	2207 54TH ST S	:•.	72
New Negistered Office Address.	Enter Floria	la sti cet address	
	GULFPORT	, Florida 33707	Ä
	City	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 Changing Registered Agent, Signature of New Registered Agent

3

From: +17276108595 (David C Hastings CPA)

H77 600 1872103

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>	Name	Address	Type of Action
MGR	DARIEN T STEELE	203 DRAW BRIDGE LN	
		VALRICO, FL 33594	□Remove
			<b>=</b> Change
AMBR	ANIBAL, D CABRERA	317 E CONOVER STREET	□Add
		TAMPA, FL 33603	■Remove
			☐ Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			DAdd
			DRemove
			□ Change
		□Add	
			□Remove
			∐Change

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Effectiv	re date, if other than the date of filing:
fan effe Note: I	tive date is listed, the date must be specific and cannot be prior to date of filing of those than 90 days after filing) resistant to 603.320 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
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
rd is file	d.
Dated _	$\frac{\text{MAY } 26}{\text{MAY } 26}$ , $\frac{2022}{\text{MAY } 2022}$ .
	Signature of a member of authorized representative of a member
	LUZ COLON
	Typed or printed name of signee

Filing Fee: \$25.00

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