

Division of Corporations

H220001872103

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Florida Department of State  
Division of Corporations  
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**L220001872103**

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To:

Division of Corporations  
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: DARLENE STEELE @ SSF. AUTOS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**STAR STEELE FLEET LLC**

Certificate of Status	1
Certified Copy	0
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MAY 27 2022

K. Brumbley

5/26/2022, 4:52 PM

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

STAR STEELE FLEET, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/19/2022 and assigned  
 Florida document number L22000211339.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office 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:

DAVID C HASTINGS, CPA

New Registered Office Address:

2207 54TH ST S

Enter Florida street address

GULFPORT

City

, Florida 33707

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	DARIEN T STEELE	203 DRAW BRIDGE LN	<input type="checkbox"/> Add
		VALRICO, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANIBAL D CABRERA	317 E CONOVER STREET	<input type="checkbox"/> Add
		TAMPA, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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