

L23000012035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

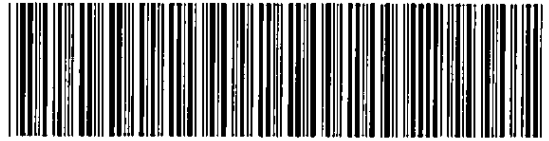
(Business Entity Name)

(Document Number)

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01/27/23--01013--021 **25.00

2023 MAY -4 PM 3:59
CLERK OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2023

JOHN RAY SANTIAGO HERNANDEZ
TRUCKING ALL STARS LLC
3933 AUTUMN AMBER DRIVE
SPRING HILL, FL 34609

SUBJECT: TRUCKING ALL STARS LLC
Ref. Number: L23000012035

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TALLAHASSEE, FL

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We have received your document for TRUCKING ALL STARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 423A00007194

RECEIVED

MAY - 4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trucking All Stars 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:

John Ray Santiago Hernandez
Name of Person

Trucking All Stars LLC
Firm/Company

3933 Autumn Amber Drive
Address

Spring Hill, FL, 34609
City/State and Zip Code

JohnKarlo1415@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ray Santiago Hernandez at 717 585 7635
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FL

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

Trucking All Stars 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 01/05/2023 and assigned Florida document number L 23000012035

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)

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TALLAHASSEE, FL

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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:

John Ray Santiago Hernandez

New Registered Office Address:

3933 Autumn Amber Drive

Enter Florida street address

Spring Hill

City


Florida

341609

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

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	Address	Type of Action
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MGR	John Ray Santiago Hernandez	3933 Autumn Amber Dr	<input type="checkbox"/> Add
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		Spring Hill, FL, 34609	<input type="checkbox"/> Remove
--	--	------------------------	---------------------------------

			<input checked="" type="checkbox"/> Change
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AMBR	Karla Michel Rodriguez Morales	3933 Autumn Amber Dr	<input type="checkbox"/> Add
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		Spring Hill, FL, 34609	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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

I John Ray Santiago Hernandez want to make change to primary title Manager of the Trucking All Stars LLC company. The reason why I am making this change is because I want my domestic partner Karla M. Rodriguez Morales as Authorized Member not the Manager. Update and change

E. Effective date, if other than the date of filing: 4/27/23 (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

4/27/23

Signature of a member or authorized representative of a member

John Ray Santiago Hernandez
Typed or printed name of signer

DEPT. OF STATE
TALLAHASSEE, FL

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