L23000419857

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2023 SEP 18 PH 5: 44

c/ 10/2/2023

COVER LETTER

TO:

TO: Registration Division of C			
1	DER TOWER LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JORGE BLANCO		
		Name of Person	
	STAR RIDER AUTO COI	RP.	
		Firm/Company	
	1025 E 45TH STREET		
		Address	
	HIALEAH FL 33013		
	City/State and Zip Code STARRIDERAUTOCORP@YAHOO.COM		
		_	
	E-mail address: (to be used for future annual report no	titication)
For further information	concerning this matter, please ca	all:	
JORGE BLANCO		786 236-6093	
Name	e of Person	Area Code Dayti	me 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)
	n Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 6 Tallahassec	327 e, FL 32314	The Centre of 2415 N. Monr Tallahassee, F	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 18 PH 5: 45

STAR RIDER TOWER 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 v	vere filed on	3	and assigned
Florida document number L23000419857			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
STAR RIDER TOWING LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	on "LLC" or the abbrev	iation "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)			<u> </u>
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records	, enter the name of	the new registered
New Registered Office Address:			
New Registered Office Address.	Enter Florida stre	et address	
		, Florida	
	City		tip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my du rovided for in Chapte	ities, and I am fam er 605, F.S. Or, if ti	iliar with and his document is
If Chang	ging Registered Agent, Sig	nature of New Registe	red 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			Change
			Change
			□Change

lf an ef Note:	tive date, if other than the date of filing: [O9/08/2023 (optional)] [Tective 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 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is f	rd 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 iled.
Dated	09/14/2023
	most Astroll
	14.1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00