

L24000007457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

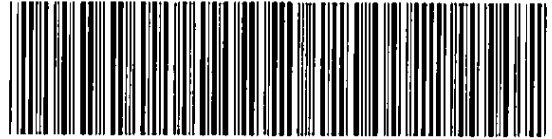
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 21 11:09 AM

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3/6/24

2024 FEB 21 PM 1:09
STATE
TALLAHASSEE, FL

1-10-100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Star Express, 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:

Sofia R. Diaz

Name of Person

Firm/Company

432 Arbor Lakes Dr.

Address

Davenport, FL 33896

City/State and Zip Code

SRDiaz-16@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia R. Diaz

Name of Person

at (

407) 738-2190

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

2024 FEB 21 PM 1:09
STATE
FLA

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

North Star Express 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 01/03/2024 and assigned Florida document number L24000007457.

This amendment is submitted to amend the following:

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

Ø

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:

Ø

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Ø

(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:

Sofia R. Diaz

New Registered Office Address:

432 Arbor Lakes Dr.

Enter Florida street address

Davenport

City

Florida

33896

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.

Sofia Diaz

If Changing Registered Agent, Signature of New Registered Agent

2024 FEB 1 1:09 PM
STATE OF FLORIDA
CLERK OF THE COURT

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>
AMBR	Juan L. Diaz	2290 Tradewinds Dr.	<input checked="" type="checkbox"/> Add
		Missimmee, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Sofia R. Diaz	432 Arbor Lakes Dr.	<input type="checkbox"/> Add
		Davenport, FL 33896	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated

~~Signature of a member or authorized representative of a member~~

Sofia Diaz

2.) Pursuant to 605.0207 (3),
it will not be listed as the
the 90th day after the