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Florida Department of State

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Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : AT PLUS CORP Account Number : 120140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

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

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Emai	1	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GABJAY STAR LLC**

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OCT 1 (, 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	F		
GABJAY STAR LLC			
(Name of the Limited Liability Compa (A Florida Limited E	ny as it now appears on our records.) Inhibity Company)	·	
The Articles of Organization for this Limited Liability Company Florida document number L24000359440			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8180 NW 36TH ST SUITE 406		
(Principal office address MUST BE A STREET ADDRESS)	TVOD 4.1 EL 22166		
Enter new mailing address, if applicable:	8180 NW 36TH ST SUITE 406		
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33166		
1.7mm/g managed			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nai	me of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street uddress		
	, Florida _	Zin 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 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
AMBR	OSCAR CEREZO GARCIA	11110 W OAKLAND PARK BEVD UNIT 161	≣ Add
		SUNRISE FL 33351	
			I(hange
			LbAC
			□Remove
			□Change
			ElAdd
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an effec i <u>lote:</u> If	e date, if other than the date of tive date is listed, the date must be spec- the date inserted in this block doe it's effective date on the Departme	ific and cannot be prior t s not meet the applica	o date of filing or	more than 90 days after the requirements, this	Sling.) Pursuant to 605 020
record s is filed	specifies a delayed effective date, b l.	out not an effective tin	ne, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after the
ated	OCTOBER 08	, 2024	<u> </u>		
	OSCAR (FREND CARI	CIA te of a member or author	rized representati	ve of a member	
			poman		
	OSCAR CEREZO GARCIA				

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