

213000158309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

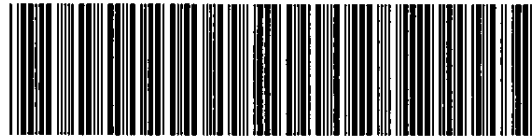
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 09 2013



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

December 3, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 1st Choice Luxury Transportation, LLC

To whom it may concern:

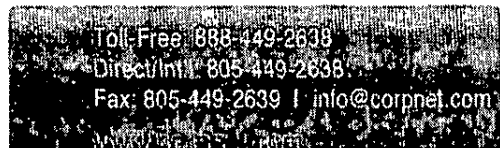
The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$25.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

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TALLAHASSEE FLORIDA



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

1ST CHOICE LUXURY TRANSPORTATION, 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 11/12/2013 and assigned Florida document number L13000158309.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7556 Wilder Ave.

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32208

Enter new mailing address, if applicable:

7556 Wilder Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32208

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TALLAHASSEE, FLORIDA

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: Ron F. Pierce

New Registered Office Address: 7556 Wilder Ave.

Enter Florida street address

Jacksonville, Florida 32208

City

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

**MGR = Manager
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bashar Mohsen	1401 Riverplace Blvd. Unit 1911	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
MGRM	Ron F. Pierce	17556 Wilder Ave.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Ron F. Pierce, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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