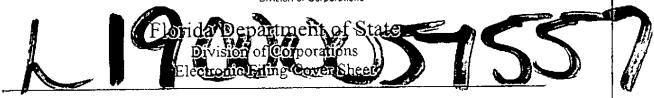
6/7/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Corporations		019
	Fax Number : (850)617-6383		- <u>-</u> -
From:			
	Account Name : EXPRESS CURPURATE	FILTHS SERVICE INC.	
	Account Number : 12000000146		1,42
	Phone : (305)444-4994 Fax Number : (305)444-4977		· · · · · ·
	Fax Number : (305)444-497/		- · · · · · · · · · · · · · · · · · · ·
	the email address for this business e		<u> </u>
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LI	LC AMND/RESTATE/CORRECT		GN
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LI	LC AMND/RESTATE/CORRECT SW LUXURY TRANSPORT		GN

Electronic Filing Menu

Corporate Filing Menu

T GLASS

JUN 10 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SW LUXURY TRANSPORTATION LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L19000057557</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ly 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)	
	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-7 CED 780 VE
registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ting Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name Robert Lemus	Address	Type of Action
MGR ——"——	recourt Delinity	9804 SW 115 COURT	_
		Miami, Fl. 33176	bbA ■
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ocument's effective date on the E	ist be specific and cannot be prior to date of filin lock does not meet the applicable statutory department of State's records.  dueffective date abut not an effect	y name requirements, this date w	ali not be listed as	) the
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	Signature of a member of authorized represen			
	and and or a merdoct of animor to debresen	tative of a method		
Tahiri Lemus				
	Typed or printed name of sign	кс		
	Page 3 of 3			