

L041000041982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : WILLIAM P. GREGORY, P.A.
Account Number : I19990000231
Phone : (813) 251-8631
Fax Number : (813) 253-2047

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALTITUDE LIMOUSINE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

D. BRUCE

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TALLAHASSEE, FLORIDA

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H110002859043

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTITUDE LIMOUSINE, 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:

RON ORY

Name of Person

Firm/Company

131 HICKORY CREEK DRIVE

Address

BRANDON FL 33511

City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -6 AM 8:50

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For further information concerning this matter, please call:

RON ORY

Name of Person

at (813)

927-2446

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H110002859043

H110002859043

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

ALTITUDE LIMOUSINE, 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 JUNE 4, 2004 and assigned
Florida document number L04000041982

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:

(Principal office address MUST BE A STREET ADDRESS)

131 HICKORY CREEK DRIVE

BRANDON FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

131 HICKORY CREEK DRIVE

BRANDON FL 33511

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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 ORY

New Registered Office Address:

131 HICKORY CREEK DRIVE

Enter Florida street address

BRANDON

, Florida

33511

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.

Ronald Ory
If Changing Registered Agent, Signature of New Registered Agent

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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	LAURA ENGELHARDT	220 CHANNEL DRIVE	<input type="checkbox"/> Add
		UNIT #3	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33606	
			<input type="checkbox"/> Add
			<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

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

Dated

DECEMBER 6

2011


Signature of a member or authorized representative of a member

RON ORY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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