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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOCA BOB'S AIRPORT TRANSPORTANION L.L.C.

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:

FELIX REIZBERG

Name of Person

Firm/Company

3173 CONEY ISLAND AVE

Address

BROOKLYN NY 11235

City/State and Zip Code

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

For further information concerning this matter, please call:

FELIX REIZBERG

Name of Person

718

at (_____) _____
Area Code

314-2000

Daytime Telephone Number

/ Lisa Zapoda / 561 478-7441 RA.

Registered Agent

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

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

BOCA BOB'S AIRPORT TRANSPORTATION L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/27/2006 and assigned
Florida document number L06000022104.

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

Enter new principal offices address, if applicable:

3173 CONWAY ISLAND

(Principal office address MUST BE A STREET ADDRESS)

BROOKLYN NY 11235

Enter new mailing address, if applicable:

(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:

1 STOP DOCUMENT & FORM FILING SERVICE LLC

New Registered Office Address:

2101 VISTA PARKWAY, STE 120

Enter Florida street address

WEST PALM BEACH

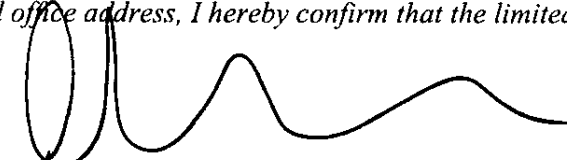
City

, Florida 33411

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.



If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	EDWARD J ROBERTSON	1167 SE O'DONNELL LANE	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FELIX REIZBERG	3173 CONEY ISLAND	<input checked="" type="checkbox"/> Add
		BROOKLYN NY 11235	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IRENE LIPOVETSKY	5 HARRY CT	<input checked="" type="checkbox"/> Add
		ENGLISHTOWN NJ 07726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LARISA GERSHKOVICH	3000 OCEAN PKWY 20 O	<input checked="" type="checkbox"/> Add
		BROOKLYN NY 11235	<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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2016 JUN 22
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TALLAHASSEE, FLORIDA

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2016 JUN 23 / PM 1:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 21st, 2016

Edward J. Robertson

EDWARD J. ROBERTSON

Filing Fee: \$25.00