## L09000015170

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
<u></u>
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special institutions to Fining Officer.



000149079190

04/13/09--01004--019 \*\*43.75

O9 APR 21 AM II: 06
SECRETARY OF STATE

Office Use Only

## COVER LETTER.

TO: Registration S Division of Co					
SUBJECT: LimoT		ge to LuxTransO, L.L.C ited Liability Company)	· • • • • • • • • • • • • • • • • •		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Kristo Ivanov				
		(Name of Person)			
	LuxTransO				
		(Firm/Company)			
	11909 Old Glory Drive	11909 Old Glory Drive			
		(Address)			
	Orlando, Fl 32837	(Cir. 15)			
		(City/State and Zip Code)			
For further information	concerning this matter, please c	all:			
Kristo Ivanov					
(Name	of Person)	(Area Code & Daytime T	elephone 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:		STREET/COURIER ADDRESS:			

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

TO:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 15, 2009

KRISTO IVANOV 11909 OLD GLORY DRIVE ORLANDO, FL 32837

SUBJECT: LIMOTRANSO, LLC Ref. Number: L09000015170

We have received your document for LIMOTRANSO, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

in the contract of the contrac

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 809A00012615

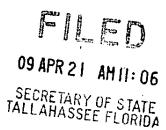
er (n. 1950). An Alle (1951). Build de Roman de la Armena, en la alle (n. 1951). Anné addressant (1969) de principal de la A

Please return your document, along with a copy of this fatter, within 10 days or your Blog will be consider it, abbridging.

sedendandor includes executaristican estanos edenciares estanocares em anci-

Bush sing to a green of encountry from the North Republic of the following of the following to the engine of the particle and the Sing of the following the

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LIMOTRANSO, 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 Liabili	ty Company v	vere filed on	February 16, 2009	and assigned
Florida document number L09000015170	·			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	limited liabili	ity company	<u>here</u> :	
LuxTransO, L.L.C.				
The new name must be distinguishable and end with the "L.L.C."	words "Limite	d Liability Co	empany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable	•	Kristo Ivano	ov .	
(Principal office address MUST BE A STREET ADDRESS)		12303 Bohannon Blvd		
		Orlando, Fl	32837	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	$\mathbf{q}$			
B. If amending the registered agent and/or registered agent and/or the new registered office:  Name of New Registered Agent:  New Registered Office Address: 12	•		on our records, enter the  (Enter Florida street addres	
Qı	rlando		, Florida <u>32837</u>	
		(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Owner Kristo Ivanov 12303 Bohannon Bulv. ■ Add Orlando, FL 32837 Remove \_ Add Remove Add 🏲 ☐ Remove \_ Add ☐ Remove Remove ☐ Add 🛅 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 04/17/2009 Signature of a member or authorized representative of a member Kristo Ivanov Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00