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(Requ	estor's Name)	
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
FORT L	AUDERDALE STARZ LIMO SH	UTTLE LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	RICHARD NUNEZ		
		Name of Person	
		Firm/Company	
	5225 NE 4 AVE		
		Address	
	OAKLAND PARK, FL 33	334	
	nunez.richard@hotmail.com		-
	E-mail address: (to be used for fiture annual report not	ification)
For further information	on concerning this matter, please co	all:	
RICHARD NUNEZ		954 729-3262	
Nai	ne of Person	at ()	ne Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fe	e S30.00 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)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration S	ection
Division of	of Corporations	Division of Co	orporations
P.O. Box Tallahass	6327 ee. FL 32314	The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORT LAUDERDALE STARZ LIMO SHUTTLE LL				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Jiability Company)	rs on our records.)		
he Articles of Organization for this Limited Liability Company lorida document number L09000026233	were filed on	03/12/2009	and assig	ned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company b	iere:		
/:u				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or t	the abbreviation "L.L.	.C.''
nter new principal offices address, if applicable:	n/a			
Principal office address MUST BE A STREET ADDRESS)			A S 2	
			20 H	
			IIIAR IIIAR	
nter new mailing address, if applicable:				1
Auiling address MAY BE A POST OFFICE BOX)				ITI
				D
	-		19 H	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our	records, enter the	name of the new	registe
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida street address		
		, Floric	da	
	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 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>	Address	Type of Action
MGRM	MARIA LUNA	5225 NE 4 AVE	≣Add
		OAKLAND PARK, FL 33334	□Remove
			□Change
			Remove
			□Change
		□Add	
		Remove	
		<u> </u>	Change
			Remove
			□Change
			□Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			Fi Change

N/A	

ective date, if other th	nan the date of filing:(optional)
<u>te:</u> If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as
rument's effective date of	in the Department of State's records.
oord enouiting a dalayad	offseting days but a result of seting time as 2000 and the set of
s tiled.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
EEDDIIA DV 27	2020
ed FEBRUARY 26	2020
(C)	Ville / ////
	Signature of a member or authorized representative of a member
	Delect Day
	Typed or printed name of signee

Filing Fee: \$25.00