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10 JUL 29 AH II: 47

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 3.0 2010:

**EXAMINER** 

### COVER LETTER

		on Section f Corporations				, ,		
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For further	er informa	tion concerning this matter,	please call:				,	
		Albeiro Osorio	; at	(407)	87.3	3-5636	å.	-
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	T	allahassee, FL 32314			cutive Center		:	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 20, 2010

LUIS E CASTRO 7016 DELORA DR ORLANDO, FL 32819

SUBJECT: FLORIDA LUXURY TRANSPORTION, LLC Ref. Number: L10000002499

We have received your document for FLORIDA LUXURY TRANSPORTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00017593

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### FLORIDA LUXURY TRANSPORTION, 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					1/07/2	010	and assigned		
Florida document number	L1000000249	9				•		•	
This amendment is submitted to ar	nend the follow	ing:				· ·			
A. If amending name, enter the	new name of th	e limited lial	oility compa	ny here:	, ,				
	FLORIDA LU	XURY TRA	NSPORT	ATION,	LLC:	·		7.	
The new name must be distinguishab "L.L.C."  Enter new principal offices addr		- (1) - (2)	ited Liability	Company	," the desi	gnation":Ll	C" or the ab	breviatio	
(Principal office address MUST I	• •			,			<u>o</u>		
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B. If amending the registered registered agent and/or the new	agent and/or registered offic	registered o e address hei	ffice addre <u>re</u> :	ss on out	records	, <u>enter th</u>	e name of	<u>the ne</u>	
Name of New Registered	l Agent:			1	E				
New Registered Office A	Address:		,- <sub>-</sub>						
				Enter		street addro orida	ess	- To	
	, .	:	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 Changing Registered Agent, Signature of New Registered Agent

			1			
If amending the Managers or M	lanaging Members	on our record	s, <u>enter the titl</u>	e. name, and	address of each Mana	ger -
or Managing Member being add	led or removed from	<u>m our records:</u>				- 
MGR = Manager MGRM = Managing Member	***					
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Filing Fee: \$25.00