## L100000002499

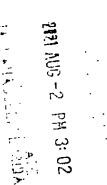
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## **COVER LETTER**

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Tallahassee, FL 32314

	stration Se sion of Cor			
	FLORIDA I	LUXURY TRANSPORTATIO	ON LLC	
SUBJECT:		Name of Lim	ited Liability Company	e d Pie
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JULISSA ROSADO		
			Name of Person	- <del>-</del>
		DCM SERVICES CENTE		
			Firm/Company	-
		2529 W BUSCH BLVD S	TE 1000	
			Address	
		TAMPA, FL 33618		
			City/State and Zip Code	
		DCMSERVICESCENTER	@GMAIL.COM to be used for future annual report notif	
For further in	formation co	oncerning this matter, please ca	•	(Canon)
JULISSA RO	)SADO		813 990-8630 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
□ S25.00 Fi	ling 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)
Reg Div	ing Addressistration Sision of C Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA LUXURY TRANSPO	RTATION LLC		
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our recordity Company)	<u>s.</u> )
The Articles of Organization for this Limited   Florida document number L10000002499	Liability Company werd	e filed on <u>01/07/2010</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
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 Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli			22
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		AL :
		*****	<u> </u>
Enter new mailing address, if applicable:			P
(Mailing address MAY BE A POST OFFICE BOX)			02
	<del></del>		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address.		ess on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:	DCM SERVICES CI	ENTER INC	
New Registered Office Address:	2529 W BUSCH BL		
		Enter Florida street address	
	TAMPA	Fla	stata 33618

## 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.

City

f Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	GLORIA RIANO	3601 EDNA CT	Add
		TAMPA, FL 33614	□Remove
		<u></u>	□Change
MGR	LUIS E CASTRO	7016 DELORA CT	
		ORLANDO, FL 32819	≣Remove
			□Change
MGR	LUZ M ARIAS	7016 DELORA CT	
		ORLANDO, FL 32819	
			□Change
MNGR	FABIOLA CASTRO	7016 DELORA CT	□Add
		ORLANDO, FL 32819	≣Remove
AMBR	ARMANDO BALSA MURULIZ	4813 GROVE POINT DRIVE	Z BAdd
		TAMPA, FLORIDA 33624	FS
			□Remove □ □ Change
			□Add
			□Remove

TRANSFERED (SOLD) TO	GLORIA RIANO AND ARMA	NDO BALSA MURSULIZ	. EACH
HOLDING 50% OF MEMBE	ERSHIP INTEREST.		
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etive date, if other than the deflective date is listed, the date must be If the date inserted in this blockment's effective date on the Dep	be specific and cannot be prior to dat ck does not meet the applicable	te of filing or more than 90 days statutory filing requirements	optional) after filing.) Pursuant to 60 s, this date will not be lis
filed.	date, but not an effective time, a		of: (b) The 90th day afte
JULY 20	2021  Cas Fro  ignature of a member or authorized		

Filing Fee: \$25.00