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COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
CLID III	Tampa Lim	o & Car. LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Roberto Gonzalez		
		Tampa Limo & Car, LLC	Name of Person	
		316 N. Hilltop Rd.	Firm/Company	
		Brandon, Fl. 33510	Address	
		tampalimoandcar@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Robert	o Gonzlez		813 415-4576 Area Code Daytime	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$ 25	5.00 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

rampa Limo & Car, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{05-27-201}{}$	0 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	123 S. Westshore Blvd	·
(Principal office address MUST BE A STREET ADDRESS)		Tampa, Fl. 33609 Suite	# 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered o	<u>e</u> :	records, enter the name of the new
Name of New Registered Agent:	Roberto Gonza	lez.	<u>-</u>
New Registered Office Address:	123 S. Westsho	ere Blvd. Enter Florida stree	at address
	Tampa		Florida <u>33609</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 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>	Type of Action
MGR.	Krista Rotondo	4923 Londonderry Dr.	
		Tampa, Fl. 33647	
			Remove
			Change
MGR	Roberto Gonzalez	316 N. Hilltop Rd.	Add
		Brandon, Fl. 33510	Add
			□ Remove
			Change
			□ Remove
			□ Change
	-		
			□ Remove
			Change
			Add
		□ Remove	
			Change
			□ Remove
			□ Change

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an er Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Robert ()
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00