## L1000118300

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800274320148

06/24/15--01010--020 \*\*25.00

SECRETARY OF STATE

SECRETARY OF STATE OF VISION OF CORPORATIONS

JUN 25 2015

**3 MASON** 

## **COVER LETTER**

Division of Con			
Driven Ch	auffer Transportation,LLC		
Soughet.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ChrisWillis		
		Name of Person	
	Twenty-Third Internation	nal, LLC	
		Firm/Company	
	690 SW 1stCt. #1710		
		Address	
	Miami, FL 33130		
	<del></del>	City/State and Zip Code	· · · · · ·
	cwillis523@gmail.com	to be used for future annual report notifi	cation
For firsther information	concerning this matter, please c		Callotty
	concerning this matter, please c		
ChrisWillis		305 890.7944 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Driven Chauffer Transportation, LLC		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
he Articles of Organization for this Limited Liability Com	npany were filed on November	er 15, 2010 and assigned
lorida document number L10000118300		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
wenty-Third International, LLC		
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
	6	
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or register egistered agent and/or the new registered office addres</li> </ol>		ecords, enter the name of th
egistered agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	, Florida Zip Code

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

Page 1 of 3

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 = A	MBR = Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
· · · · · · · · · · · · · · · · · ·			Add
	·		□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
<del></del>	<del></del>		Add
			☐ Remove
			Change
<del></del>			
			□ Remove
			Change
		***************************************	
			Remove
			SECRETARY OF STALE OUTSION OF CORPORATIONS CHAPTER PM 15 MAN 2 F PM 15 MAN 2 F PM 16 M
<del></del>			TARY OF CO
			C Reference
			ATION AND Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets	s, if necessary.)
. ,		
·		
<del> </del>		
Note: If the date inserted in this document's effective date on the	ed effective date, but not an effective time, at 1	ents, this date will not be listed as
June 19 Dated	2015	
Q. (	Lilles	
	Signature of a member or authorized representative of a membe	
Chris Willis		CRETAR JUN 24 JUN 24 JURETAR JURETAR
	Typed or printed name of signee	
	Page 3 of 3	OF STATE OF STATE OF STATE OF STATE
	Filing Fee: \$25.00	