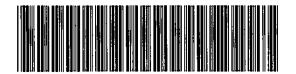
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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Orient Express Richshaus Ft. Lauderdale , LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacob Alexander Name of Person
ORient Express Rickshar Fort Lauderchale Inc.
516 Sw Flasler Ave. Address
For 1 Landerdale / F2 33361 City/State and Zip Code Jake @ Intou 411. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sacos Alexander at 774 644-0901 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

FILED

2015 OCT - 1 PN 2: 00 MEDITARI P. TATE

Orient Express (Name of the Limited Liab (A Flori	Ricksha	us Fal	+ Lac	idedak	SSEE, PLONES LLC
(<u>Name of the Limited Liab</u> (A Flor	ility Company ida Limited Liab	as it now appe pility Company	ears on our	records.)	
The Articles of Organization for this Limited Liability Florida document number \(\bigcup 1 000123121		ere filed on _	10/	27/201	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the line of				LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	- D <i>RESS)</i> -	516 tort 1	Swandard	Flagher ule, FC	Ave. 37701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SIG Fort L	Shauded	Flugler late , FC	Au. 33701
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	•	e address	on our re	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent: New Registered Office Address:	Larry 599		eiker 2nJ Torida street	Gue.	
<u>_</u> F	Fort La				3330 ₁ 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Howard J. Gossack	P.O. Box 4766	
		Care Creek, AZ 8532	7 Remove
			Change
MCKM	Jacob S. Alexander	1419 W. Stake Rd. 84	I Add
		Fort Landenbule, FL 33315	Remove
			Change
			Add
			Remove
			Change
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(If an e Note:	tive date, if other than the date of filing: 4/30/10 (optional)	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied e 90th day after the record is filed.	er of:
Dated	1 9/20/15 (Dda 1 -	
	I WE CHENT	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00