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| Special Instructions t | o Filing Officer: | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | <i>₹</i> | ** | *** ********************************* | e Na | | |
|-------------|---|--------------------------------------|----------------|--|---------------|--|--|
| - | | | | | | • | |
| SUBJ | SUBJECT: The SoBe Shuttle LLC | | | | | | |
| | | Name of Limit | ted Liability | Company | | | |
| The en | iclosed Articles of Amendme | nt and fee(s) are sub | mitted for fil | ing. | | | |
| Please | return all correspondence co | ncerning this matter | to the follow | ing: | | | |
| | · | | Joel M. | | | | |
| | | | Name o | f Person | | | |
| | | Tŧ | he SoBe S | Shuttle LL | С | | |
| | | | Firm/C | ompany | | | |
| | | 50 | 1 SE 2nd | | 25 | | |
| | | | Add | ress | | | |
| | | Ft. | Lauderda | le, FL 333 | 301 | | |
| | ` | | City/State au | nd Zip Code | | | |
| | | Joel(E-mail address: (to | @TheSoB | eShuttle. | com | ion) | |
| For fu | rther information concerning | | | utuse amuai i | oport normeat | ion | |
| | Joel M. Riv | /era | at (| 954 \ | 51 | 3-5797 | |
| | Name of Person | | at (| | | elephone Number | |
| Enclos | ed is a check for the following | g amount: | | | | | |
| ₹2 5 | | 0 Filing Fee & tificate of Status | Certif | Filing Fee & ied Copy ional copy is | | \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is | |
| | | | | | | | |

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 12 JUN 27 AM 8: 53

| Th | ne SoBe Shuttle LLC | SECRET | ARY OF STATE |
|--|--|--------------------------|--------------------------|
| (<u>Name of the Limited Li</u> e (A Fl | ability Company as it now appear orida Limited Liability Company) | s on our records.) | 135EE, FLORIDA |
| The Articles of Organization for this Limited Liabi Florida document numberL1200007494 | • • • | 06/05/12 | and assigned |
| This amendment is submitted to amend the following | ing: | | |
| A. If amending name, enter the new name of th | e limited liability company her | e: | |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Compa | ny," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable | le: | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ur records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | **-**** | | <u>-</u> |
| New Registered Office Address: | | | |
| | Ent | er Florida street ad | dress |
| - | City | , Florida | Zip Code |
| | City | | Lip 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------------------|--|---------------------------------|
| MGRM | Joshua Sawicki | PO Box 515, 55 Talcott Avenue Vernon, CT 06066 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| D. If amend | ling any other information, enter | change(s) here: (Attach additional sheets, if necessa | ry.) |
| | | | FILED 12 JUN 27 RP SHORE ANY OF |
| Dated | June 25 | 2012 1 M | AM 8: 53 |
| | Signature of a | member or authorized/representative of a member Joel M. Rivera Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00