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(Requestor's Name)  (Address)	200341978202
(City/State/Zip/Phone #)	
(Business Entity Name)	03/12/2001020050 ++25.00
(Document Number)  Certified Copies Certificates of Status	S TALLEN' 2020 . 2020
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			,
MIA CARS	S L.L.C	ž	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEONOR CARO		
		Name of Person	
	MITCHELL J. HOWARD	CPA, PA	
		Firm/Company	
	3800 S. OCEAN DRIVE S	SUITE 228	
		Address	<del></del> -
	HOLLYWOOD, FL 33019	)	
		City/State and Zip Code	
	ROMEO@ROMEOLIMO.		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
LEONOR CARO		954 454-1119 at ( )	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee, 1	rl 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIA CARS L.L.C				
( <u>Name of the Limited Lia</u> (A Flo	bility Compan orida Limited Li	y as it now appears on o ability Company)	our records.)	<u>-</u>
The Articles of Organization for this Limited Liabilit	y Company w	vere filed on $\frac{06/25/26}{1}$	013	_ and assigned
Florida document number L13000090837				
his amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the l	limited liabil	ity company here:		
LUXURY TNC LLC				
he new name must be distinguishable and contain the words "	Limited Liabilit	y Company," the designa	ation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		1504 BAY RD SUIT	E 1016	
Principal office address MUST BE A STREET AD	DRESS)	MIAMI BEACH, FL	33139	707
			<u>, </u>	2020 HARR
Enter new mailing address, if applicable:		1504 BAY RD SUIT	E 1016	R 12 F
Mailing address MAY BE A POST OFFICE BOX	)	MIAMI BEACH, FL	33139	= 30
	•			ີ້:
3. If amending the registered agent and/or registongent and/or the new registered office address her		dress on our record	ds, <u>enter the name (</u>	of the new registere
Name of New Registered Agent: RC	OMEO JONES	·		<del></del>
New Registered Office Address: 150	04 BAY RD S			
		Enter Florida st	reet address	
<u>MI</u>	AMI BEACH	<del></del>	, Florida <sup>33139</sup>	)
		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>	Address	Type of Action
MGR	ROMEO JAMES	1504 BAY RD SUITE 1016	□ Add
		MIAMI BEACH, FL 33139	□ Remove
			■Change
			□Add
			□Remove
			Change
<del></del>			□ Add
			□Remove
			□Change
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			□Remove
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			□Remove
			□ Change

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