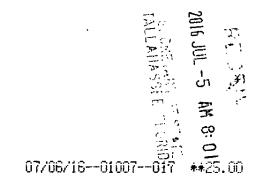
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SECRETARY OF 5: 06

JUL 0 6 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	Private Transportation LLC Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspondent	pondence concerning this matter to the following:	
	Bogdan KuKhars Ky Name of Person	
	Private Transportation LLC	TAS
	234 NE 3RD Street Suite UPH-4	SECRETARY SEE, FLUSIUM TALLAHASSEE, FLUSIUM 16 JUL-5 PH 5: 06
	Miami, FL 33132 City/State and Zip Code	SEE. FLOSIDA
	Bryan & private transportation lc. com Elmail address: (to be used for future annual report notification)	3: 06
For further information of	concerning this matter, please call:	•
Bogdar	of Person at () 305 - 915 - 7757 Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) - Certified Copy (additional copy is enclosed)	of Status &

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**

Private Transpo (Name of the Limited Liability Compan (A Florida Limited L	ortation LLC y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>13000103313</u> .	were filed on 07/22/2013	_ and assigned -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Private Transportation The new name must be distinguishable and contain the words Limited Liability	on LLC	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	234 NE 3RD ST SUITE UPH-4 Miami	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	234 NE 3RD STRE SUITE UPH-4 Miami	EET ,Fl. 33132
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		e name of the new
New Registered Office Address:	Enter Florida street address	TARY OF PH
New Registered Agent's Signature, if changing Registered Agent:	. Florida	Zip Code 06

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		·	Change
MGR <u>)wner</u>	Bogdan KuKharsky	234 NE 3RD Street	IE Add
·		Suite UPH-4	□ Remove
N/CP		Miami, Fl. 33132	Change
MGR Owner	Karla Ruiz	234 NE 3RD Street	02 Add
		Suite UPH-4	Remove
		Miami, Fl. 33132	AHASSETARY
Manage	er <u>Deborah Dinter</u>	PO BOX 402922	Pad 5:
•		Miami Beach Fl. 33140	_ Remove
			Change
			□ Add
			Remove
	•	<u>.</u> .	□ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
**			□ Remove
			☐ Change

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	
Dated 6-29-16 Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00