L13000122176

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900252915109

11/01/13--01012--008 **25.00

13 NOV - 1 PH 4: 32
SECRETARY OF STATE

NOV - 4 2013

T. BROWN

TO: Registration Secti	rations	4	
SUBJECT: ORLAN	DO TRAVEL T	TRAUSPORTATION ed Liability Company	LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	FADRICK T	Tou BERT Name of Person	
	ORLANDO TR	Firm/Company	, llc
	3851 ATRIU	M Address	
	orlando	City/State and Zip Code L@ Gmail. Com o be used for future annual report notification	
	FREDYMIX O E-mail address: (to	20 Gmail, Com o be used for future annual report notification	(no
	cerning this matter, please ca	·	
FAIDTICK J	OU BERT	at (407) 519 02 (Area Code & Daytime Tel	40 lephone Number
Enclosed is a check for the	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)

ÇOVER LETTER

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 \mathbf{OF}

ARTICLE	S OF AMENDMENT	Ä
	TO	13, 11
ARTICLES	S OF ORGANIZATION	TASEN TON SEA
	OF	Carry D.
	Y Company at it now appears on our Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 8/2	8/2013 and assigned
Florida document number 43000 22 [reompany were med on	and assigned
Florida document number 4 Sto 1221	<i>Ko</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Muning dualess MAT BE AT OST OFFICE BOAT		
		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	ida street address
		, Florida
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Name** <u>Address</u> 7608 WARDEN DT VAdd MGRM RENEL AZULPHAR orlando FL 32818 Remove MGRM Stanley Fenelon 3857 ATRIUM Dr VAdd Orlando FL 32822 Remove MGRM JEAN REBERT MENELAS 8700 WILLIAM SHARKEY ST WAD Orlando FL 32818 Remove Remove Remove

mending any oth	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
10/26	2013
10/50	1
	Signature of a member or authorized representative of a member
	TAIDEICK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00