

L13000122176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

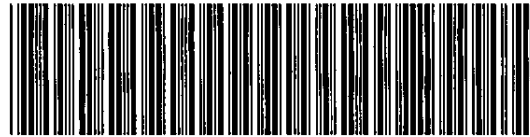
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 4 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO TRAVEL TRANSPORTATION 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:

FADRICK JOUBERT
Name of Person

ORLANDO TRAVEL TRANSPORTATION LLC
Firm/Company

3851 ATRIUM DR
Address

orlando FL 32822
City/State and Zip Code

FREDYMIX02@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FADRICK JOUBERT at (407) 519 0240
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

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(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 8/28/2013 and assigned Florida document number 43000122176

Page 1 of 3

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:

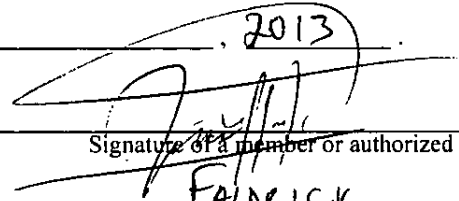
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RENEL AZULPHAR	7608 WARDEN DR	<input checked="" type="checkbox"/> Add
		Orlando FL 32818	<input type="checkbox"/> Remove
MGRM	STANLEY FENELON	3851 ATRIUM DR	<input checked="" type="checkbox"/> Add
		Orlando FL 32822	<input type="checkbox"/> Remove
MGRM	JEAN REBERT MENELAS	8700 William SHARKEY St	<input checked="" type="checkbox"/> Add
		Orlando FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10/26, 2013



Signature of a member or authorized representative of a member

FAIRRICK

Typed or printed name of signee

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Filing Fee: \$25.00