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COVER LETTER

TO:

Registration Section
Division of Corporations

Suncoa

Suncoast Luxury 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:

Anthony Dyshanowitz

Name of Person

Suncoast Luxury Transportation, LLC

Firm/Company

17355 Meadow Lake Circle

Address

Fort Myers, Florida 33967

City/State and Zip Code

td.sells@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Dyshanowitz

at (200) 00-

Name of Person

Area Code

Daytime Telephone 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)

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

Suncoast Luxury Transportatio	n, LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000172221	and assigned	
This amendment is submitted to amend the following	,	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET AD.	DRESS)	
		23 11111
		ا در ا
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		(3) (F) (G)
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, oddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	da
	City	da Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete performance of my duties, and l l agent as provided for in Chapter 605, F.S ered office address, I hereby confirm that t	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Danielle Turnbo **MGR** 1412 MONARCH CIRCLE NAPLES, FL 34116 **■** Remove □ Add □ Remove _□ Remove □ Remove _□ Add □ Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. Effe (The c	effective date, if other than the date of filing:(optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	1-31-14
	Signature of a member or authorized representative of a member
	Anthony Dyshanowitz
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00