L140000 49594

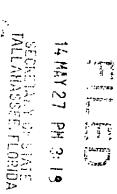
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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May 21, 2014

HENRISSON SAINT LOUIS 1615 SANIBEL DR KISSIMMEE, FL 34741

SUBJECT: ORLANDO EXECUTIVE TRANSPORTATION GROUP LLC

Ref. Number: L14000049594

We have received your document for ORLANDO EXECUTIVE TRANSPORTATION GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00010996

COVER LETTER

SUBJECT: Orlando Executive Transportation Group LL 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:
Henrisson Soint Louis Name of Person
Orlando Executive Transportation Group LLC
1615 Sanibel Dr Address
City/State and Zip Code Ox Transportation group Commod. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henrisson Saint Louis at (40) 800 - 7700 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Orlando Exec (Name of the Limite	Cufive Tight Liability Compar	Transportations as it now appears on our	n Group	= LLC	
The Articles of Organization for this Limited Lia Florida document number \(\begin{align*} \begin{align*} \beg	bility Company				igned
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applica	ble:	3050 Dy Kissima	en Blud		
(Principal office address MUST BE A STREET	ADDRESS)	Ki'ssimm	ner, F	L 347	41
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	1615 Sani Kissimme	<u> </u>	3474 <u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off			records, <u>enter</u>	the name	of the new
Name of New Registered Agent:	8/cir	Gustave		7 7	
New Registered Office Address:	1615 Sa	Gustave nibel Dr. Enter Florida stre	et address	10000000000000000000000000000000000000	F Stravero
New Registered Agent's Signature, if changing Re		Nib.U DY Enter Florida stre MEL City	, Florida _	347-41 Zip Code	Winds of the second
I hereby accept the appointment as registered provisions of all statutes relative to the prope	agent and agre				

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Agustine Reinaldo	12446 Beacontree way orlando, FL 32837	Add
			Remove
MG2	Elcie Gustave	1615 Sanikel Dr	
		1615 Sanikel Dr Kissimmee, FL 34741	□ Remove
			Add
			□ Remove
		ϵ_{\cdot}	Add
			Add Remove
		BE Add	
			□ Remove
			□ Add
			Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	
	Re
	Signature of a member or authorized representative of a member
	Henrisson Soint Jonis
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

TAMAY 27 PH 3: 19