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COVER LETTER

	Registrati Division o							
SHID IEC		O TRUCK	K LLC					
SUBJEC	· I ·		Name of Lim	ited Liability Company				
The enclo	osed Artic	les of Am	endment and fee(s) are sub	mitted for filing.				
Please re	turn all co	rresponde	ence concerning this matter	to the following:				
			IVAN ISAKOVIC					
				Name of Person				
			LIMO TRUCK LLC					
	Firm/Company 5280 NW 2ND AVE APT 115 Address							
			5280 NW 2ND AVE APT	115				
				Address		. ,		
			BOCA RATON, FL 33487	7				
				City/State and Zip Co	de	<u> </u>		
		_	IVAN FLORIDA 1@GMAI					
			E-mail address: (to be used for future ann	ual report notificat	tion)		
For furth	er informa	ation conc	erning this matter, please co	all:		- 4		
IVAN IS	SAKOVIC			561 at ()	846 0583	ALLA		77
	N	Name of Pe	rson	Area Code	Daytime Te	elephone Number	AR 29	F
Enclosed	l is a checl	k for the f	ollowing amount:			<u></u>	E >	
\$25.0	00 Filing F	^F ee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	,	Certified	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

LIMOTRUCK LLC

(INAME OF THE EMM	(A Florida Limited I	Liability Company)						
The Articles of Organization for this Limited L Florida document number L14000068916	iability Company	were filed on	and assigned					
This amendment is submitted to amend the foll	owing:							
A. If amending name, enter the new name of	f the limited liab	ility company here:						
ANGEL LIMO USA LLC								
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."					
Enter new principal offices address, if applie	cable:	360 FIESTA AVE #118						
(Principal office address MUST BE A STREE		Tequesta, FL 33469						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered o		enter the name of the new					
Name of New Registered Agent:			<u> </u>					
New Registered Office Address:	360 Fiesta ave	# 118						
	Tequesta	Enter Florida street address, Flor	29 29					
		City	Zip Code					
New Registered Agent's Signature, if changing			<u> </u>					
I hereby accept the appointment as registery provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is					

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
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