Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone

: (305)552-5973

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMPIRE LUXURY LIMOUSINES LLC

Certificate of Status Certified Copy Page Count 64 Estimated Charge \$25.00

605

B. BOSTICK

MAY 2 1 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Lamited L	es LLC	
(Name of the Limited Llability Compar (A Florida Limited L	was it now appears on our record- iability Company)	7)
The Articles of Organization for this Limited Liability Company	i 7	and assigned
Florida document number 14000379974		
		.9
This amendment is submitted to amend the following:		<i>></i>
A. If amending name, enter the new name of the limited liab	ility company here:	\$. /
·		28
The new mame must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company, the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6595 Parkview	Dr A
(Principal office address MUST BE A STREET ADDRESS)		
	Boca Roton FI	33433
Enter new mailing address, if applicable:	6595 Parkview	DrA
(Mailing address MAY BE A POST OFFICE BOX)		
	Bora Raton, Fl	33433
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, e e:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
, ··· ———	Enter Florida stre	et address
	, Flori	đa
	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 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 Changing Registered Agent, Signature of New Registered Agent

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

MCR Joseph Vetrono 6928 SW 39th St. Apt 204 X Add Davie, Fl 33314 Rea MCR Douglas Shaw 1717 N. Bayshore Dr X Add	
MCR Douglas Shaw 1717 N. Baysfore Dr X Au	nove
MGR Douglas Shaw 1717 N. Bayshore Dr XA	
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Apt. 2548 Ren	move
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i	5/13/14
	Dandy
	Signature of a member or authorized representative of a member
	Donalas Shaw
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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5/20/2014 11:00:31 AM PAGE |

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Fax Server



May 20, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE LUXURY LIMOUSINES LLC 1717 NORTH BAYSHORE DRIVE MLAMI, FL 33132

SUBJECT: EMPIRE LUXURY LIMOUSINES LLC

REF: L14000079974

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Barbara Bostick Regulatory Specialist II

FAX Aud. #: H14000118552 Letter Number: 414A00010834

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SECHETARY OF STATE
MALLAHASSEE, FLORIDA

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