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COVER LETTER

Division of Cor	porations		
PC LIMO	DUSINES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EWERTON L SILVA	A	
		Name of Person	
	PC LIMOUSINES LL	_C	
		Firm/Company	
	7380 WEST SAND I	_AKE RD #500	
		Address	
	ORLANDO, FL 3281	19	
	 	City/State and Zip Code	ALLIAHASS ALLIAHASS ALLIAHAS THE TOP -5
	EWERTON23@HOT		
	·	to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
	oncerning this matter, please ca		PR :
EWERTON		203 942.3546 at ()	
Name o	f Person	Area Code Daytime Telephone Number	5
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status &

MAILING ADDRESS:

TO:

Registration Section

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**

PC LIMOUSINES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000156176	were filed on 10/06/2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BRASIL TRANSPORTATIONS LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbu	eviation "11.C."
Enter new principal offices address, if applicable:	7380 WEST SAND LAKE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	5 T
		SEX P
Enter new mailing address, if applicable:		- S - C
(Mailing address MAY BE A POST OFFICE BOX)		SA O
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

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

<u> itle</u>	<u>Name</u>	Address	Type of Action
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			□ Add
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			Add 201
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