# 15000175178

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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO:		n Section Corporations	
SUBJE		ousine, LLC.	
SUBJE	<u> </u>	Name of Limited Liability Company	
The en	closed Artic	s of Amendment and fee(s) are submitted for filing.	
Please	return all co	espondence concerning this matter to the following:	
		Jared Jukel	
		Name of Person	
		IL Limousine, LLC.	
		Firm/Company	
		901 Pennsylvania avenue, suite 3-420	
		Address	
		miami beach, (1 33139	
		City/State and Zip Code	
		aluxurylimo@msn.com	
		E-mail address: (to be used for future annual report notification)	
For fun	ther inform	on concerning this matter, please call:	
Kevin	Herrera	954 3252161 at ( )	
		at () me of Person Area Code Daytime Telephone Number	
Enclose	ed is a checl	or the following amount:	
\$25	5.00 Filing I	Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Stat 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compan	y as it now appears on our rec	ords)
C. TAIRE OF CITY SAME	(A Florida Limited Li	y as it now appears on our rec ability Company)	orus.
The Articles of Organization for this Limited I Florida document number <u>L15000175178</u>	Liability Company v	were filed on 10/14/2015	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	_	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			EB 13
(Mailing address MAY BE A POST OFFICE	E BOX)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			rds, enter the name of the nev
Name of New Registered Agent:	Kevin Herrera		
New Registered Office Address:	16850 Collins A	venue, Suite 112/104	<del> </del>
		Enter Florida street ado	
	sunny isles		Florida 33160
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jared Jukel	901 Pennsylvania Avenue, Suite 3-420	
		Miami Beach, Fl 33139	
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ffective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Dep	be specific and cannot be pri ck does not meet the appl	or to date of filing or n licable statutory filir	(option nore than 90 days after fil ng requirements, this d	ing.) Pursuant to 605,020
record specifies a delayed The 90th day after the reco		ot an effective	time, at 12:01 a.r	n. on the earlier o
	*****			
February 11th	2019			
February 11th	. 2019			
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ated February 11th	ignature of a member or aut		e of a member	

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Filing Fee: \$25.00