L15000195724

(Red	questor's Name)	
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COVER LETTER

MIAMI NE SUBJECT:	T LIMO LLC.		
	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:	
	RAFAEL VASCONEZ		
		Name of Person	
	REV MULTI SERVICE INC		
		Firm/Company	
	16499 NE 19 AVE SUITE 2	218	
	.	Address	
	NORTH MIAMI BEACH, FI	33162	
	REVMULTISERVICE@AOL	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notif	cation)
For further information e	concerning this matter, please co	all:	
RAFAEL VASCONEZ		305 7885207	
Name o	of Person		Telephone Number
Inclosed is a check for the	he following amount:		
3 \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

Registration Section Division of Corporations

> 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our recor Liability Company)	·d <u>s.</u>)
The Articles of Organization for this Limited Liability Company Plorida document number L15000195724	were filed on 11/19/2015	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:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1022 NW 8 STREET ROAD	
Principal office address MUST BE A STREET ADDRESS)	APT 2	.S.,
	MIAML FL. 33136	-
Inter new mailing address, if applicable:		C7 6 7 1
Mailing address MAY BE A POST OFFICE BOX)		- IT
		5 on O
		35. 9
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address her		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	PNS
	. F	Torida
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

MIAMI NET LIMO LLC.

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability apany 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENIFER CORREA		
			≅ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			The Dames
			Grenitive Greni
			
			☐ Remove
			☐ Change
			□ Add
			□ Remove
		 	☐ Change
			Remove
			☐ Change

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	- NA (2011)	
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SEPTEMBER	2 28 2018	
Tective date, if other than the date of filing:	(optional)	repart to 605 0
ote: If the date inserted in this block does not meet the applicable	le statutory filing requirements, this date will	not be listed
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on	the earlier
The 90th day after the record is filed.	· · · · · · · · · · · · · · · · · · ·	
SEPTEMBER 28 2018		
ated SEPTEMBER 28 2018	- ·	
FRITZ E. FANDING Signature of a member or authorize		

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Filing Fee: \$25.00