

L15000207789

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SECRETARY OF STATE

HARRIE

COVER LETTER

Div	iston of Corp	orations		
SUBJECT:	LIMOEXPR	ESSMCO LIMOUSINE & TR	RANSPORTATION SERVICES, LLC	
		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		FRANCISCO BIELE		
			Name of Person	
			Firm/Company	
		1420 CELEBRATION BLV	VD	
			Address	**************************************
		CELEBRATION, FL. 3474	47	
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notificat	tion)
For further in	formation con	cerning this matter, please cal	11:	` <u>.</u>
FRANCISCO	BIELE		407 242-3227 at ()	
	Name of F	Person	at () Area Code Daytime Te	elephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fi	ling 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:

TO: Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

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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

LIMOEXPRESSMCO LIMOUSINE & TRANSPORT	TATION SERVICES, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records,) Liability Company)	-	
The Articles of Organization for this Limited Liability Company Florida document number L15000207789	were filed on 12/14/2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
LIMOXPRESSMCO LIMOUSINE & TRANSPORTATION SERVIO	CES, LLC	- .	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al		
Enter new principal offices address, if applicable:	1420 CELEBRATION BLVD STE 200		
Principal office address MUST BE A STREET ADDRESS)	CELEBRATION, FL. 34747	S → CO France	
		700 E 111	
		المالية المالية	
Enter new mailing address, if applicable:	1420 CELEBRATION BLVD STE 200	4	
Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION, FL. 34747	1>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> g:	the name of the nev	
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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
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	2/24/2	2016	(option	al)	•
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Filing Fee: \$25.00