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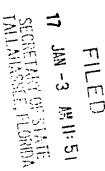
(1	Requestor's Name)				
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PICK-UP	WAIT MAIL				
(1	Business Entity Name)				
((Document Number)				
Certified Copies	Certificates of Status				
Special Instructions	to Filing Officer:				
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D. SCOTT JAN 4 2017

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Pala	n Beach Name of Lim	Air port C	or Service LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Palm B Air 4381 Tr	Firm/Company EVI CT # 3 Address	car Services LLC
	Faraji	City/State and Zip Code BOUTICH DIC	cloud.com
For further information con-	cerning this matter, please ca	all:	
Faraji Bo	outich erson		ime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is melosed)
Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ce, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	RIER ADDRESS: tion porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rport Car Services LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document numberLI 6 0000 63372	vere filed on 3 30 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Airport & Limo Cort The new name must be distinguishable and contain the words "Limited Liability	Services LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	H381 Trevi Ct #1308 Lake Worth FL 33467
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4381 Trevi CT #308 Lake Worth FL 33467
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree	City Zip Code \
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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> **Type of Action** <u>Address</u> □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _□ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	,	
(If an e Note	effective date, if other than the date of filing: 1 2 2 1 6 (optional)	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on earlier on the earlier of the earlier on the earlier of	of:
Date	December 29, 2016.	
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	Signature of a member or authorized representative of a member	: コ フ
	Faraii Boutich	, ,

Page 3 of 3

Filing Fee: \$25.00