Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOYALTY CHAUFFEUR SERVICES, LLC

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Corporate Filing Menu

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MAY 1 2 2016

SWARREN

COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	LOYALTY	CHAUFFEUR SERVICES	8, LLC	
50002.011		Name of Limi	ted Liability Company	
The enclose	d Articles ofA	amendment andfee(s) are subn	nitted for filing.	
Please retur	n all correspo	ndenceconcerning thismatter t	o the following:	
		Cheyenne Moseley		
			Name of Person	datumen i kangguman kang di 19 meraji 19 daja 1900 apina, kangkan ika sahalil Malih
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11tl	n Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		Dannydejesus 1986@aol.c		
		E-mail address: (t	o be used for future annual reporting	lification)
For further i	nformation ce	ncerning thismatter, please ca	H:	
Imelda Va	squez		800 773-0888	ext. 9724
	Name of	Person	at () Aren Code Daytii	me Telephone Number
Enclosed is:	a check for the	e following amount:		
□ \$25.00 t	Filing Fee	☐ \$30.00 Filing Fee& Certificate of Status	■ \$55.00 Filing Fee& Certified Copy (additional copy is enclosed)	☐ \$60.00 FilingFee, Certificate of Status & Certified Copy (additional copy isenclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOYALTY CHAUFFEUR SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 04/18/2016 and assigned Torida document number L16000075880
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and end with the words "Limited Linbility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
New Registered Agent's Signature, if changing Registered Agent:
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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Memberon our records, enterthe title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hernan Rojas	1892 Elkins Point Dr.	☑ Add
		Melbourne, FL 32935	Remove
			67 4 4 3
			☐ Remove
			□ Add
			☐ Remove
			3
			□ Remove
			-
	•		☐ Remove
			PRINCE AND AND RELIGIOUS STATE LORIDA
			B WAY OF STATE ASSET FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 5/8/16
Signature of a member or authorized representative of a member
Daniel Dejesus Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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