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## **COVER LETTER**

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eid ipæt.		ousines LLC
SUBJECT:	•	Name of Limited Liability Company
The enclosed	d Articles of	Amendment and fee(s) are submitted for filing.
Please return	all correspo	ndence concerning this matter to the following:
		Eric Hoffman
		Name of Person
		Princess limousines LLC
		Firm/Company
		1730 Big Oak lane
		Address
		Kissimmee Florida 34746
		City/State and Zip Code
		princesslimousineorlando@hotmail.com
		E-mail address: (to be used for future annual report notification)
For further is	nformation co	oncerning this matter, please call:
Eric Hoffma	n	407 252 1511 at ( )
	Name of	
Enclosed is	a check for th	ne following amount:
<b>■</b> \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & 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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on 05/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	(ESS)	
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	77	
Enter new mailing address, if applicable:	FLORIDE	<u>ة</u>
Mailing address MAY BE A POST OFFICE BOX)		٩
Maning Basics MATE BEAT COT OFFICE BON		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		iter the name of th
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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Eric Hoffman	1730 Big oak lane	■ Add
		Kissimmee Fl 34746	□ Remove
•			Change
AMBR	Eric Hoffman	1730 Big oak lane	<b>½</b> Add
		Kissimmee Fl 34746	□ Remove
			☐ Change
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Filing Fee: \$25.00