L16000221373

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COVER LETTER

TO:	Registration Se Division of Cor			
SHRI	A & A Lux	tury Transportation, LLC		
50 D 3	<u>-</u>	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Angel Baez		
			Name of Person	
		A & A Luxury Transporta	tion, LLC	
Firm/Company				
		2203 Key West Ct. Unit 4.	32	
			Address	
		Kissimmee, FL 34741		
			City/State and Zip Code	
		luxury2ride@hotmail.com		
		E-mail address: (to be used for future annual report notif	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Ange	l Baez		407 334-0461 at ()	
	Name o	f Person		e Telephone Number
Enclo	sed is a check for th	ne following amount:		
S \$2	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 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

A & A Luxury Transportation, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 12/07/2016	and assigned
Florida document number L16000221373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TAS .
		C.P. 20
Enter new mailing address, if applicable:		SP 7
Mailing address MAY BE A POST OFFICE BOX)		
		LS : C
		27 RID,
B. If amending the registered agent and/or registered o		ds, enter the name of the new
egistered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street addi	ress
		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>	<u>Name</u>	Address	Type of Action
MGR	Angel Baez	2203 Key West Ct. Unit 432	= Add
		Kissimmee, FL 34741	□ Remove
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			Remove
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ective date, if other than the on effective date is listed, the date must	date of filing:	of filing or more than 90 days at	otional) fter filing.) Pursuant to 60	5.020
te: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable st	atutory filing requirements, t	his date will not be lis	ted a
	offective date, but not an o	effective time, at 12:01	l a.m. on the earl	ier o
record specifies a delayed				
record specifies a delayed The 90th day after the reco				

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Filing Fee: \$25.00