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	gistration Se vision of Cor		•	
SUBJECT:	TAMPA LU	JXURY LIMOUSINE.		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSEPH A. JENKINS		
			Name of Person	
			Firm/Company	
		3618 HICKORY HAMMO	OCK LOOP	
			Address	
		WESLEY CHAPEL FLOR	RIDA 33544	
			City/State and Zip Code	
		ALEXZANDER1970@YA		
		E-mail address: (to be used for future annual report notifi	ication)
For further is	nformation c	oncerning this matter, please ca	all:	•
JOSEPH JE			813 442-9942 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	Filing Fe c	\$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

TAMPA LUXURY LIMOUSINE			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now Limited Liability Cor	y appears on our records.) npany)	
The Articles of Organization for this Limited Liability Co	mpany were filed	l on JANUARY 18, 2017	and assigned
Florida document number L17000014080	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability comp	eany here:	
GULF ATLANTIC TRANSPORTATION, LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Compan	y," the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	3618 HI	CKORY HAMMOCK LOOP	
(Principal office address MUST BE A STREET ADDRESS)		Y CHAPEL FLORIDA 33544	
	<u></u>		7 3
Enter new mailing address, if applicable:	3618 HI	CKORY HAMMOCK LOOP	
(Mailing address MAY BE A POST OFFICE BOX)		Y CHAPEL FLORIDA 33544	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ess on our records, <u>enter t</u>	ne name of the n
Name of New Registered Agent: FREDD	IE JENKINS-BRO	OWN	
New Registered Office Address: 1736 SF	RUCE STREET		·
	E	nter Florida street address	
TAMPA		, Florida ³³⁶⁰	
	City		Zip Code

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.

Il Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
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<u>Note</u>	ctive date, if other than the date of filing:(optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	.0207 (3 ed as th
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Note docu ne re Th	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	d as th

Page 3 of 3

Filing Fee: \$25.00