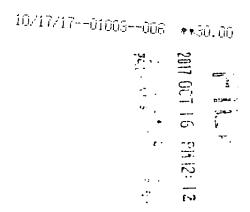
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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: MIAMI V	MCE TOURS	& LIMOS LLC	<del></del>
	Name of Limite	d Liability Company	
The enclosed Articles of Amend	dment and fee(s) are submi	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
	CIHANGIR	GULSAIV Name of Person	
_#	Miani via fo	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		drive Apt 1	
<u>/</u>	MIANJI BEAC	City/State and Zip Code	20
	1han 77776 E-mail address: (to	be used for future annual report notification	on)
For further information concern	ing this matter, please call	:	
Chungin 90/59 Name of Perso	<b>1</b>	at (305) 450 103  Area Code Daytime Tele	ephone Number
Enclosed is a check for the follo	owing amount:		
□ \$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)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI VICE TOURS& LINOS LLC

(Assume of the Committee	Florida Limited	Liability Company)	**************************************
The Articles of Organization for this Limited Lial Florida document number <u>L. 170000 434</u>		were filed on <u>03/02</u>	2/2017 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the LIMOMIAGT LLC  The new name must be distinguishable and contain the work.		_	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	b <del>l</del> e:		0 drive Apt 1 = L 33140
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	2420 Flym	190 drive Apt 1 FL 33140
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	Cihan 22420 f	gir Gulsan Haningo drive	AP+ 1  ddress  Florida 33140  Zip Code
	Migmi	beach  City	Florida 33140

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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

MGR = Ma	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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Page 3 of 3

Filing Fee: \$25.00