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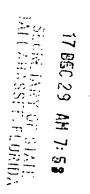
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration See Division of Corp							
C 1 1 1 2 3 1	r.on	LIMO	NOW LLE					
SUBJ	ECT:	Name of Limit	ed Liability Company					
The e	nclosed Articles of z	Amendment and fee(s) are subn	titted for tiling.					
Please	return all correspon	ndence concerning this matter to	o the following:					
		T	Name of Person					
			Name of Person					
		LIM	LIMO NOW LCC					
			Firm/Company					
		6900 W ST RD 84 Address						
			Address					
		DAVIE	FL 33317 City/State and Zip Code					
			City/State and Zip Code					
		INFO &	be used for future annual report notion	fication)				
For fu	rther information ec	neerning this matter, please cal		,				
	TC MIDDE	ETON	at (<u>954)</u> 858-	8980				
	Name of	rerson	Area Code Daytime	e Leiephone Number				
Enclo	sed is a check for th	e following amount:						
X \$3	5,00 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

LIMO NOW LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4/5/17 The Articles of Organization for this Limited Liability Company were filed on Florida document number __L 17000077192 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6900 W ST RO 84 DAVIE PL 33317 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 6900 W STRO 84 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: BRETT MATTHEWS Name of New Registered Agent: 6900 W STRD 84

Enter Florida Street address New Registered Office Address: DAVIE Florida 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

If Changing Registered Agent, Signature of New Registered Agent

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 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
Mbr	BRETT MATTAGENS	6900 W STRO 84 DAVIET	<u>L</u> Z Add
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Filing Fee: \$25.00