117000085386

(Re	questor's Name)	
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of 12/12/2003

COVER LETTER

TO:	Registration Se Division of Cor	ection porations	•	•
SUBJE	Big Time F	Event Rentals LLC		
3011	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Gwendolyn Evans		
		P	Name of Person	
		Big Time Event Rentals L	LC / shuttlevans LLC	
			Firm/Company	
		1610 Sandy Oak Dr		
			Address	
		Davenport, FL 33896		
			City/State and Zip Code	77 - 20 - 170-17 Alice - Iryali
		evans@shuttlevansfl.com	to be used for future annual report no	
For fur	ther information co	oncerning this matter, please c	·	micanon
Kristin	na Petuch		321 890-1384 at ()	
	Name of	Person		me Telephone Number
Enclose	ed is a check for th	e following amount:		
= \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Big Time Event Rentals LLC

2023 HOY 27 AM 7: 37

(<u>Name of the Limite</u>	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li. Florida document number L17000085386	ability Company were filed on 04/17/2017	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
shuttlevans LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
(Mailing address MAY BE A POST OFFICE L	<u>BOX)</u>	
B. If amending the registered agent and/or ro agent and/or the new registered office addres.	egistered office address on our records, <u>enter the n</u> s here:	ame of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

	, Florida	Zıp 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.

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
			□Add
			□ Remove
			☐ Change
			□Remove
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E tfect i Lan effi	ve date, if other than the date of filing: (optional)
1011.	ective 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 605.0. If the date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locum	ent's effective date on the Department of State's records.
record d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 20/ 2023
Jucca .	
	Signature of a member or authorized representative of a member

Typed or printed name of signee