L17000086170

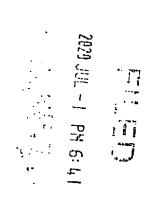
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AUG 13 2020 S. YOUNG



COVER LETTER

Registration Section
Division of Corporations TO:

	URY CAR SERVICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Lloyd Thompson		
		Name of Person	
	LTM LUXURY CAR SEF	RVICE LLC	
		Firm/Company	<u> </u>
	10463 Utah Street		
		Address	
	Springhill FL 34608		
		City/State and Zip Code	<u> </u>
	lloyd1966fl@gmail.com		
		to be used for future annual report noti	itication)
For further information of	concerning this matter, please c	all:	
Lloyd Thompson		352 585-8474	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following 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)

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

LTM LUXURY CAR SERVICE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 18th 2017 Florida document number L17000086170 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. BOX 6013 Enter new mailing address, if applicable: SPRINGHILL FL. (Mailing address MAY BE A POST OFFICE BOX) 34611 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
			□Change
·			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el	fective date, if other than the date of filing: (optional) (opti
the reco	rd 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 led.
Dated	June 30th 2020.
	Signature of a member or authorized representative of a member
	Lloyd Thompson.
	Typed or printed name of signee

Filing Fee: \$25.00