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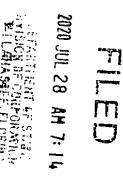
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
		e Transport LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rolando Martinez		
			Name of Person	
		Royal Carrier Service LLC		
			Firm/Company	
		7392 NW 35th Terrace Su	ite 305	
			Address	
		Miami, FL. 33122		
			City/State and Zip Code	
		safety@royalcarrierservice.	com to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please of		
Roland	lo Martinez		305 222-7116	
	Name of	l'Person	Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
Œ \$2	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 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

2020

Luxury Care Transport LLC			
(Name of the Limi	ted Liability Company a (A Florida Limited Liabi	is it now appears on our records.) lity Company)	28
The Articles of Organization for this Limited L	liability Company we	re filed on <u>07/24/2020</u>	nd nand assigned
Florida document number L17000088130	 ·		
This amendment is submitted to amend the following	lowing:		•
A. If amending name, enter the new name o	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS) _		
	_		
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u> _		
	- -	 	
B. If amending the registered agent and/or in agent and/or the new registered office addre	0	ress on our records, enter the	name of the new registered
agent and/or the new registered office addre	iss here.		
Name of New Registered Agent:	Leticia Pizarro Mas	scort	
New Registered Office Address:	7881 SW 152 AVE	., APT. 1	
		Enter Florida street address	
	Miami	, Florid	da <u>33193</u>
		City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Leticia P Mascort	7881 SW 152 AVE., APT. I	□Add
		Miami, FL. 33193	= Remove
			Change
P	Leticia Pizarro Mascort	7881 SW 152 AVE., APT. 1	≣ Add
		Miami, FL. 33193	□Remove
			□Change
			□ Add
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		07/	/24/2020	(optio	nal)
Note:	rtive date, if other than the flective date is listed, the date mug. If the date inserted in this bement's effective date on the flective date on the flective date.	lock does not meet th	he applicable statutory	or more than 90 days after filling requirements, this	filing.) Pursuant to 605.0207 (date will not be listed as th
Note: docur	If the date inserted in this be ment's effective date on the E ord specifies a delayed effection	lock does not meet the period of State's	ne applicable statutory records.	filing requirements, this	date will not be listed as the
Note: docur the reco	If the date inserted in this be ment's effective date on the [ord specifies a delayed effection of the delayed effect	lock does not meet the period of State's	ne applicable statutory records. Fective time, at 12:01 a	filing requirements, this	date will not be listed as the
Note: docur the reco	If the date inserted in this be ment's effective date on the E ord specifies a delayed effection	lock does not meet the Department of State's we date, but not an eff	fective time, at 12:01 a	filing requirements, this	date will not be listed as the
Note: docur the reco	If the date inserted in this be ment's effective date on the [ord specifies a delayed effection of the delayed effect	lock does not meet the Department of State's we date, but not an eff	ne applicable statutory records. Fective time, at 12:01 a	filing requirements, this	date will not be listed as the

Filing Fee: \$25.00