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## **COVER LETTER**

Registration Section Division of Corporations

## SAU Luxury Transport, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Sergio A Urrutia Name of Person SAU Luxury Transport, LLC Firm-Company 147 NE Naranja Ave Address Port Saint Lucie, FL 34983 City/State and Zip Code sukofcagent@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: rgio A Urrutia Daytime Telephone Number Name of Person Area Code closed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAU Luxury Transport, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou lability Company)	r records.
ne Articles of Organization for this Limited Liability Company orida document number $\frac{L17000156023}{L17000156023}$ .	were filed on July 20, 2	017 and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:  Aailing address MAY BE A POST OFFICE BOX)  . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		
		Clauda
	City	Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
rereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office impany has been notified in writing of this change.	performance of my du provided for in Chapte.	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added removed from our records:

|GR = Manager | MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ctive date, if other than the dat effective date is listed, the date must be e: If the date inserted in this block ament's effective date on the Depar	does not meet the appl	leable statutory fil	(opti more than 90 days affe ling requirements, the	onal) r filing.) Pursuant to 605, s date will not be liste	.0207 (3 :d as th
ecord specifies a delayed ef ne 90th day after the record		not an effective	e time, at 12:01	a.m. on the earlie	erof:
Monday August 7	2017				
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Filing Fee: \$25.00