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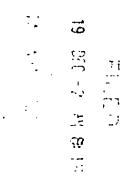
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor				
SUBJECT:	ON ROUTI	E LUXURY TRANSPORTAT	ION LLC		
3003201.		Name of Lim	ited Liability Company	<del></del>	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		ARTURO A BECERRA S	ANTORI		
			Name of Person		
		ON ROUTE LUXURY TR	ANSPORTATION LLC		
		Firm/Company			
		6886 INTEGRA COVE BLVD # 401			
			Address	<del></del>	
		ORLANDO, FL 32821			
			City/State and Zip Code		
		ONROUTELUXT@GMAI	L.COM o be used for future annual report notif	Pastion \	
For further i	information co	oncerning this matter, please ca	,	ication)	
ARTURO A	A BECERRA	SANTORI	407 235-2121 at ( )		
	Name of	Person		e Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	niling Address egistration S		Street Address: Registration Sec	etion	
Di	vision of C	orporations	Division of Cor	porations	
P.0	O. Box 632	/	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON ROUTE LUXURY TRANSPORTATION LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/30/2019	and assigned
Florida document number		Ži.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	6886 INTEGRA COVE BLVD # 401	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32821	
Inter new mailing address, if applicable:	6886 INTEGRA COVE BLVD # 401	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32821	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	, Florida	Zin 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>	Name	Address	Type of Action
AMBR	RODRIGUEZ, VICTOR MANUEL	10158 ARMANDO CIR	
		ORLANDO FL 32825	■Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change

## Page 2 of 3

. If amending any other is	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Note: If the date inserted i	han the date of filing:
he record specifies a c The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o the record is filed.
Dated	2019
60	
	Signature of a member or authorized representative of a member
ARTURO A BI	ECERRA SANTORI
•	Typed or printed name of signee

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Filing Fee: \$25.00