

LI8000027268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

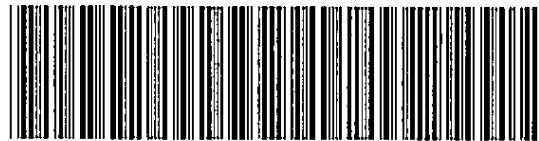
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLDEN VIP LIMO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL KLEPPER

Name of Person

Firm/Company

13202 ALHAMBRA LAKE CIRCLE

Address

DELRAY BEACH, FL. 33446

City/State and Zip Code

jrklepper45@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL KLEPPER

561 350-5062
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

GOLDEN VIP LIMO 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 JANUARY 30, 2018 and assigned Florida document number L18000027268.

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)

6586 SOUTHWEST TER

APT 103

DELRAY BEACH, FL. 33446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6586 SOUTHWEST TER

APT 103

DELRAY BEACH, FL. 33446

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:

LEWIS KRIEGER

New Registered Office Address:

6586 SOUTHWEST TER. APT 103

Enter Florida street address

DELRAY BEACH

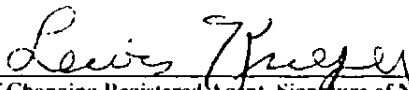
City

Florida 33446

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>	<u>Type of Action</u>
MGR	LEWIS KRIEGER	6586 SOUTHWEST TER.	<input checked="" type="checkbox"/> Add
		APT 103	<input type="checkbox"/> Remove
		DELRAY BEACH, FL. 33446	<input type="checkbox"/> Change
AMGR	ALBERT V WOLF	5574 WITNEY DRIVE	<input checked="" type="checkbox"/> Add
		APT D209	<input type="checkbox"/> Remove
		DELRAY BEACH, FL. 33484	<input type="checkbox"/> Change
AP	ALEXANDRE CANUTO	1259 SW 46TH AVE	<input type="checkbox"/> Add
		APT 1910	<input checked="" type="checkbox"/> Remove
		POMPANO BEACH, FL. 33069	<input type="checkbox"/> Change
AP	ANGEL MENESES	15262 TRANQUILITY LAKE DRIVE	<input type="checkbox"/> Add
		DELRAY BEACH, FL. 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	WALTER MUNOZ	386 SW 31ST AVE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL. 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	WALTER MUNOZ	9280 SW 3RD STREET	<input type="checkbox"/> Add
		BOCA RATON, FL. 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
AP	ALBERTO ACUNA	125 SOUTH H STREET	<input type="checkbox"/> Add
		LAKE WORTH, FL. 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	JOSE AUGUSTO	1162 SW 44TH AVE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL. 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	JOSE NANA	386 SW 31ST AVE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL. 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	WALTER MUNOZ	9280 SW 3RD STREET	<input type="checkbox"/> Add
		BOCA RATON, FL. 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

Dated NOVEMBER 11, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee