## 48000061871

(Requ	estor's Name)					
(Addre	ess)					
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(City/S	State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Fil	ing Officer:					





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## **COVER LETTER**

TO:	Registration Se Division of Cor		٠				
erin		ury Tours LLC					
Name of Limited Liability Company							
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Plea	se return all correspo	ndence concerning this matter	to the following:				
		Jimmy Moore					
			Name of Person				
		Moore Luxury Tours LLC					
			Firm/Company				
		166 Lakeside Dr.					
			Address	<del></del>			
		Sanford, Florida, 32773					
			City/State and Zip Code				
		limos@mooreluxurytours.co		<del> </del>			
			to be used for future annual report notif	ication)			
For t	further information c	oncerning this matter, please co	all:				
Jim	ny Moore		321 203-8756				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Encl	osed is a check for th	ne 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

Moore Luxury Tours LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our reted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comparison document number $\frac{L18000061871}{L18000061871}$ .	any were filed on 3/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>	= DE
		73.50.00 A
		A OFF
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		T POS
	·	<b>97</b>
		<del>-</del> ×
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		eords, enter the name of the nev
registered agent and/or the new registered office address i	KIC.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	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
MGR	Jimmy Moore	166 Lakside Dr. Sanford Fl, 32773	■ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
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ffective d	ate, if other that date is listed, the dat	the date of f	filing:	e prior to date o	f filing or more	than 90 days at	ntional) for filing a Pursu	ant to 605 I	020
<u>lote:</u> If the	date inserted in the effective date on the	his block does:	not meet the	applicable sta	utory filing re	quirements, t	his date will no	ot be liste	id a
	specifies a del n day after the			ut not an e	fective tim	e, at 12:01	La.m. on th	e earlie	er c
ated			<u> </u>	·					

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Typed or printed name of signee

Filing Fee: \$25.00