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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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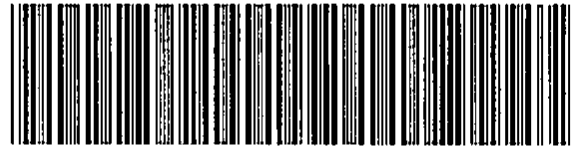
(Business Entity Name)

(Document Number)

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A. RIVERS
DEC - 6 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beltway Luxury Transportation Services, 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:

John D. Keene
Name of Person

Beltway Luxury Transportation Services, LLC
Firm/Company

1192 Perregrine Circle West
Address

Saint Johns, Florida 32259
City/State and Zip Code

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

For further information concerning this matter, please call:

John D. Keene 904 868-1729
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BELTWAY LUXURY TRANSPORTATION SERVICES, 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 FEBRUARY 2, 2021 and assigned
Florida document number 1623154014CC.

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)

BELTWAY LUXURY TRANSPORTATION SERVICES, LL

5467 EAGLE CLAW DRIVE

PORT ORANGE, FLORIDA 32128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

BELTWAY LUXURY TRANSPORTATION SERVICES, LL

5467 EAGLE CLAW DRIVE

PORT ORANGE 32128

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:

CALVIN F. HOCH

New Registered Office Address:

5467 EAGLE CLAW DRIVE

Enter Florida street address

PORT ORANGE

City

Florida

32128

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.

11/12/2021
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>
PRES	KEENE, JOHN D.	1192 PERREGRINE CIRCLE WEST	<input type="checkbox"/> Add
		SAINT JOHNS, FLORIDA 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	HOCH, CALVIN F.	5467 EAGLE CLAW DRIVE	<input checked="" type="checkbox"/> Add
		PORT ORANGE, FLORIDA 32128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

John D. Keene
Typed or printed name of signee

Filing Fee: \$25.00