118000159191

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(Address)
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K SALY JUL 1 2 2018



July 6, 2018

GOT IT 4 CHEAP, LLC SCHNEIDER ORESTE 1080 CYRESS PKWY #1197 KISSIMMEE, FL 34759

SUBJECT: FRIST KASS MOTOR COACH.LLC

Ref. Number: L18000159191

We have received your document for FRIST KASS MOTOR COACH.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00014007

Karen A Saly Regulatory Specialist II AH: RAREN SA/ COVER LETTER

TO: Registration Section

			COVER LETTER	•
TO:	Registration Sec Division of Corp			
	First Klass	Motor Coach.L.L.C		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Schneider Oreste		
7D			Name of Person	
	80 :	Got IT 4 Cheap.LLC		
1;;	읖		Firm/Company	
	2018 JUL 1 1 AM 10: 08	1080 Cypress Pkwy, #119	7	
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0		Kissimmee, FL 34759		
	7(City/State and Zip Code	
		lyrics332000@yahoo.com		
		h-mail address: (to be used for future annual re	port notification)
For furt	her information co	oncerning this matter, please c	alt:	
Schneid	Jer Oreste		407 800-	9709
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
	.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
رىرى ب	MO FILING FEC	Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

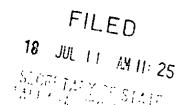
Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FRIST KASS MOTOR COACHLLC

(Name of the Limited Liability Commany as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/29/2018 and assigned Florida document number ______1.18000159191 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRST KLASS MOTOR COACHLLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
MGR	SCHNEIDER ORESTE	1080 GYPRESS PKWY,#1197 KIS KISSIMMEE, FL 34759	Add
			□ Remove
			Change
AMBR	DAVIDSON ORESTE	1080 CYPRESS PKWY,#1197 KIS KISSIMMEE, FZ 3475	S■ Add
			Remove
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Effective date, if other than t	he date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to	5605.02
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statute	ory filing requirements, this date will not be	listed
he record specifies a delay The 90th day after the r		ctive time, at 12:01 a.m. on the ea	arlier
07/09/ Dated	2018		
Dated	The state of the s	_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00