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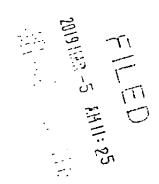
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

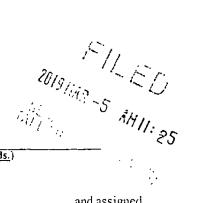
| TO: Registratio<br>Division of    | n Section<br>Corporations                         |   |  |  |  |  |
|-----------------------------------|---|---|--|--|--|--|
| Republ                            | ic Limo and Coach LLC                             |   |  |  |  |  |
| Name of Limited Liability Company |   |   |  |  |  |  |
| The enclosed Article              | s of Amendment and fee(s) are sub-                | mitted for filing.  |  |  |  |  |
| Please return all corre           | espondence concerning this matter                 | to the following:   |  |  |  |  |
|                                   | Steven Davis                                      |   |  |  |  |  |
|                                   |   | Name of Person  |  |  |  |  |
|                                   |   | Firm/Company  |  |  |  |  |
|                                   | 2131 SE 10th Avenue<br>1103                       |   |  |  |  |  |
|                                   |   | Address   |  |  |  |  |
|                                   | Fort Lauderdale, FL 33316                         | 6   |  |  |  |  |
|                                   | mdavis@dmgtfl.com                                 | City/State and Zip Code   | <del> </del>   |  |  |  |
|                                   | E-mail address: (                                 | to be used for future annual report notif                           | ication)   |  |  |  |
| For further information           | on concerning this matter, please ca              | all:  |  |  |  |  |
| Steven Davis                      |   | 954 261-9898  |  |  |  |  |
| Nai                               | me of Person                                      | Area Code Daytime   | Telephone Number   |  |  |  |
| Enclosed is a check f             | or the following amount:                          |   |  |  |  |  |
| ■ \$25.00 Filing Fed              | e ☐ \$30.00 Filing Fee &<br>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



Republic Limo and Coach 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 Compa   | ny were filed on October 15, 2018                                    | and assigned   |
|---|--|--|
| Florida document number L18000242568  |  |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited li   | ability company here:  |  |
| The new name must be distinguishable and contain the words "Limited Li  | ability Company," the designation "LLC" of                           | 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:   | <del></del>  | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <del> </del>   |
|   |  |  |
| 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 h   |  |  |
|   |  |  |
| Name of New Registered Agent:   |  | <del></del>  |
| New Registered Office Address:  |  |  |
|   | Enter Florida street address   |  |
|   | , Flori  | ida<br>Zip Code                                      |
|   | •  | Zip Code   |
| New Registered Agent's Signature, if changing Registered Age  | nt:  |  |
| I hereby accept the appointment as registered agent and a<br>provisions of all statutes relative to the proper and comple<br>accept the obligations of my position as registered agent of<br>being filed to merely reflect a change in the registered offi-<br>company has been notified in writing of this change. | ete performance of my duties, and as provided for in Chapter 605, F. | I am familiar with and<br>S. Or, if this document is |

. 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 |
|--------------|-------------|---|----------------|
| AMBR         | Jerry Li    | 634 E. Orange Blossom Way<br>Azusa. CA 91702      |                |
|              |             |   | □ Remove       |
|              |             |   | ☐ Change       |
|              |             |   | Add            |
|              |             |   | ☐ Remove       |
|              |             |   |                |
|              | s,          | - <b>3</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | Add            |
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|              |             |   | ☐ Change       |
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|              |             |   | ☐ Remove       |
|              |             | <del> </del>                                      | Change         |
|              |             |   | □ Add          |
|              |             |   | □ Remove       |
|              |             |   | Change         |

| D. If amen | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|------------|---|
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|            | •   |
| Note: I    | date, if other than the date of filing:   |
|            | I specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the day after the record is filed. |
| Dated _    | 2019  |
|            | Sta   |
|            | Signature of a member or authorized representative of a member  |
|            | Steven Davis  |

Page 3 of 3

Typed or printed name of signee