## 4900000 8133

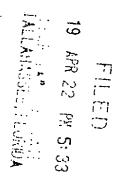
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## **COVER LETTER**

TO: Registration S Division of Co				
Limo l	Bridge Car LLC.		•	
SUBJECT:	Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	<u>-</u>		
,	Luis Scott	to the lond, wing.		
	Limo Bridge Car LLC	Name of Person		
	9620 NE 2nd Ave. Ste 209	Firm/Company DB		
	Miami Shores Fl. 33138	Address		
	City/State and Zip Code LimoBridgeCar@gmail.com			
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notif all:	ication)	
Luis Scott		786 603-0028		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	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

Limo Bridge Car LLC.				
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	urs on our records.)			
The Articles of Organization for this Limited Liability Company were filed onFlorida document numberL19000008133	01/07/2019 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company h	nere:			
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 or registered agent and/or the new registered office address here:	n our records, enter the name of the	new .	a APR	77
Name of New Registered Agent:			22	[-
New Registered Office Address:		[1] [1]	<u>2</u>	-
Enter Flo	rida street address		က္	
City	, Florida Zip Code •	- ®7	$\frac{\omega}{\omega}$	
	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

Page 1 of 3

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>	Address	Type of Action
MGR	Jesus Granados	10760 NW 82nd TER, Unit 1 Doral FL 33178	Add
			□ Remove
<del></del>			
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
		Remove	
			Change
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fan off <mark>Note:</mark>	ive date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ogoth day after the record is filed.
ated .	April 18th 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00