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(Requestor's Name) (Address)	500331967705
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	07/18/19-11111-11:11.10
ertified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	Amend
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LALL CON

Attn: Irene 850 245-6897

COVER LETTER

TO: Registration Section Division of Corporations

EXOTIC COACH LINES, LLC

SUBJECT:

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:

Name of Person

EXOTIC COACH LINES

Firm/Company

6428 PLUNKETT ST

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

Giuseppe@exoticcoachlines.com

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

For further information concerning this matter, please call:

Giuseppe Marinelli 786 445-6190 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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



August 13, 2019

RICHARD VALENCIA 2ND MAILING 3191 PALM TRACE LANDINGS DR #1012 DAVIE, FL 33314

SUBJECT: EXOTIC COACH LINES, LLC Ref. Number: L19000064547

We have received your document for EXOTIC COACH LINES, 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 form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00015311



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2019

RICHARD VALENCIA 3191 PALM TRACE LANDINGS DR #101 DAVIE, FL 33314

SUBJECT: EXOTIC COACH LINES, LLC Ref. Number: L19000064547

We have received your document for EXOTIC COACH LINES, 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):

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Irene Albritton Regulatory Specialist II

Letter Number: 019A00015311

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ans as it now appears on our records : Lineshty Companys
The Acticles of Organization for the Limited Liability Company	y were filed on 03 16, 2019 and assigned
Florida document number L19/120494547	
Fors amendment is submitted to amond the following:	
A. If amouding name, giter the new name of the limited liab	vility company perc:
File new name it is the distinguishable and contain the words (taninos) (the	his Company," the designation of C" in the abinessation, A.S. C.
Enter new principal offices address, if applicable:	0428 Plusken St
IPrinsipal affice address MUST BE A STREET ADDRESS	Hollywood, FL 33033
Enter new mailing address, if applicable:	194211 Flundrett St
Mailing address MAY RE A POST OFFICE BOX	Ballywaxa, 11, 33023
A REAL PROPERTY AND A YOUT OF THE BUAN	

Name of New Registered Agent	Richard Valencia	
New Registered Office Address	6428 Plunkett St	
	Enser P	Turnla daned address
	Hollywood	, Florida 33023
	Cin	Zip Code

New Registered Accor's Stanen on Methaning Projecting Science

Thereby 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 occept the obligations of my position as registered agent as provided for in Chapter 505. F.S. Or, if this document is being field to merely reflect a change in the registered office address. Thereby confirm that the lumied hability company has been notified or writing of this change.

FELE

If thatging Registered Agent, Signatary of New Registered Agent

Page F of 3

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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

. . . **.**

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<u>Title</u>	Name	Address	Type of Action
MGR	Giuseppe Marinelli	3191 Palm Trace Landings Dr #1012	Add
		Davie, FI. 33314	Remove
			Change
			🗌 Add
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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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-	
	07/15/2019

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.

October 3, Dated	, 2019	
	giuseppe Marinelli ignature of a member pr authorized representative of a member	
Giuseppe Marinelli	ignature of a member of aumonized representative of a member	
<u> </u>	Typed of guinted name of signed	

