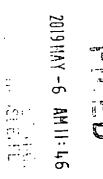
# L19000111165

Office Use Only



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05/06/19--01023--020 \*\*25.00



C. GOLDEN MAY 1 7 2019

### **COVER LETTER**

Division of Corp	porations :		
subject: <u>Elegan</u> a	ce <u>Limousine</u> d Li Name of Lim	OXUTU Transportation ited Liability Company	senices LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	Elegance limousin	ne thexury Transporte	ation Services LLC
	<u>4464 x</u>	1 aviner Blud Address	<del></del>
		FL , 34609 City/State and Zip Code	
		XI no @ angul . Col to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
David Aceb Name of	Person	at (353) 942- Area Code Daytime	- 2300 e Telephone Number
Enclosed is a check for th	e following amount:		
<b>D</b> \$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:**

TO:

**Registration Section** 

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

FILED

2019 HAY -6 AM 11: 46 **ELEGANCE LIMOUSINE & 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 <u>04/23/2019</u> and assigned Florida document number <u>L19000111165</u> 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 "LLC." 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: David Acebey Name of New Registered Agent: 4414 Mariner Blud
Enter Florida street address New Registered Office Address: Spring hill , Florida 34609

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

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
AMBR	David Arebey	4464 Mariner Blud	BAdd
			Remove
		· · · · ·	Change
MGR Dai	David Acebey	4464 Mariner Blud	DA/Add
			Remove
			Change
			□ Remove
			Change
		<del></del>	Remove
			Change
			🗆 Add
			□ Remove
		Change	Change
			🗆 Add
			Remove
		<del></del>	Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
_	
(If an effec Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or 00th day after the record is filed.
Dated _	May 2nd, 2019
	Signature of a member or authorized representative of a member
	David Acebeu Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00