## 119000116534

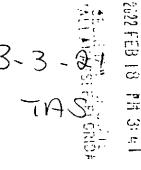
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## **COVER LETTER**

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SUBJE	œr.	P&R AIRPORT TRANSPORTATION SERVICE LLC							
SUBJE	CI.		Name of Limit	ted Liability Company					
The enc	losed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.					
Please re	eturn	all correspond	lence concerning this matter t	o the following:	•				
			CARLOS PEREZ						
				Name of Person	<u> </u>	_			
			CPEREZ PROFESSIONAL	L SERVICES INC.					
				Firm/Company	<del>.</del>	_			
			4343 W WATAERS AVE						
				Address		_			
			TAMPA FL 33614						
City/State and Zip Code  CPEREZPROSVCSINC@GMAIL.COM  E-mail address: (to be used for future annual report notification)						<del></del>			
For furth	her in	formation con	cerning this matter, please ca						
CARLOS PEREZ		813 249-2 at ()	·						
		Name of P	erson	Area Code	Daytime Telephone Number	er			
Enclose	d is a	check for the	following amount:						
\$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &			
			□ \$30.00 Filing Fee &	Certified Copy	Certific d) Certifie	ate of Status of d Copy			

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

P&R AIRPORT TRANSPORTATION SERVICE 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 04/29/2019 \_\_\_ and assigned Florida document number \_L19000116534 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EL PRIMO RAYTE LLC 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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