# 119000214013

(R	equestor's Name)
(A	ddress)
(A	oddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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## **COVER LETTER**

Division of Corn	orations		
SUBJECT:	Cando Luxe Name of Lim	Trans Packation Lited Liability Company	.LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing	
Please return all correspon	dence concerning this matter	to the following	
	Zaid	Monit Name of Person	_ <del>.</del>
	Orlando	Cuxe Transporta	tion (CC
	1308 Fpon a	Oaks way O/lando	, FL 37837
	Orlanda	FC 32837 City/State and Zip Code	
	Orlando Lise	lo be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	nil:	
Zaid Mun Name of	Person	at ( <u>407</u> ) <u>760 - (</u> Area Code Davtime	o 37/ Telephone Numbe
Enclosed is a check for the	following amount		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Gertificate of Status	□ \$55,00 Filing Fcc & 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**

Orlando Luxe Transpo (Name of the Limited Liability Company (A Florida Limited Liab	tation as it now appear	LLC s on our records.		<del></del>	
(A Florida Limited Eral	oility Company				
The Articles of Organization for this Limited Liability Company we	ere filed on <u></u>	9-21-2019	7	and assi	gued
Florida document number <u>L19000214023</u> .					
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the limited liabilit	y company he	ere:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the d	esignation "LLC" or	the abbrevia	ation "L.I.	(3.33
Enter new principal offices address, if applicable:	<del>-</del>	·			<u> </u>
(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 registered agent and/or the new registered office address here:	e address on	our records, <u>e</u>	SECRETARY OF he TALL AND SECT. FIND IN	2019 NOV 26 AMB 9:	T]  [T]  (tipe_ner
			<u></u>	8	
Name of New Registered Agent:					
New Registered Office Address					
	Enter Flor	ida street address			
		, Florid	ы		
	'in			p Code	<del></del>
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>Fitle</u>	Name	Address	Type of Action
MGR	Tahir Munir	1308 Epson Oak, Way	<b></b>
		1308 Fron Oak, Way Orlando Il 32837	☐ Remove
		···	□ Civange
			□ Add
			Remove
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(If an ef <u>Note:</u>	(optional; lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10/21
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a membe:
	Zaid Munir  viped or printed name of signee

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Filing Fee: \$25.00