L20000254717

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TO: Registration Se Division of Cor		6	r × • • • • • • • • • • • • • • • • • •	
	A AIRPORT CAR & LIMO S	ERVICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	···	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DIQUINCE GENESTANT			
		Name of Person		
	N/A			
		Firm/Company		
	2620 SAND GABLES TR	AIL		
		Address		
	BRADENTON, FLORIDA	34208		
	OMECASERVICE HAGO	City/State and Zip Code		
	OMEGASERVICE411@Gi E-mail address: (to be used for future annual report	notification)	
For further information c	oncerning this matter, please ca	all:		
DIQUINCE GENESTA	NT.	786 8122562		
Name o	f Person	at () Area Code Day	stime Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address		
Registration S Division of C		Registration Division of G	Section Corporations	
0.00 0.00		TI. C.		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARASOTA AIRPORT CAR & LIMO SERVICE, LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L20000254717	Liability Company	were filed on 08/18	8/2020	and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the li <u>mited lial</u>	pility company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	ignation "LLC" or the at	obre 206μμ "L. S"
Enter new principal offices address, if applicable:		N/A		CAE JU T
(Principal office address MUST BE A STREET ADDRESS)				ASA -
		N/A		m _C
Enter new mailing address, if applicable:		N/A		FLORE
<u> </u>	S ROY)	N/A		<u>⇒</u>
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		address on our rec	ords, enter the nan	e of the new registered
New Registered Office Address:	N/A			
	Flice Address: Enter Florida street address			
	N/A		Florida <u>N/</u>	A
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	per and complete gistered agent as	e performance of n provided for in Ch	ny duties, and Lam Japter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
AMBR	ONAC MAURICETTE	2501 13TH STREET WEST	≡ Add
		BRADENTON FLORIDA 34205,	□Remove
			□Add
			□Remove
			□ Change
			□Add
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ective date, if other than the reflective date is listed, the date must	date of filing: _		te of filing or more t	(optional han 90 days after file	al) ing.) Pursuant to	605.0207
te: If the date inserted in this blo cument's effective date on the De	ck does not mee	t the applicable	statutory filing re-	quirements, this da	ate will not be	listed as
, unlette s'effective date on the De	pariment of state	e s records.				
ecord specifies a delayed effective	date, but not an	effective time.	at 12:01 a.m. on tl	ne earlier of: (b)	The 90th day a	ifter the
s filed.					TALL!	
06/19	,	2023			CRE LAH	2023 JUL 1 I
ted 06/18	 · -				HASS	
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Filing Fee: \$25.00