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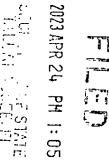
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| Special Instructions to Filing Officer: |
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| TO: | Registration Se Division of Cor | | | | | | |
|---|--|---------------------------------|--|---------------------|--|--------|--|
| aup.u | | LUXURY RIDES TRANSPO | RTATION LLC | | | | |
| SUBJE | SCT: | Name of Lin | nited Liability Company | | | | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please | return all correspo | endence concerning this matter | to the following: | | | | |
| | | YULIYA PAVLUSENKO |) | | | | |
| | | | Name of Person | | S: 20 | | |
| | | | | r | | • | |
| | | | Firm/Company | | R 2 | e:: | |
| | | 4139 W VINE STREET C | OFFICE 110 | | . T | j j | |
| | | | Address | | 2023 APR 24 PH 1: 0 \$506 (1) | Ç | |
| | | KISSIMMEE FL 34741 | | - - | : 05 | | |
| | | YULIYAFL1973@GMAIL | | | | | |
| F 6 | | | to be used for future annual report no | otification) | | | |
| | | oncerning this matter, please c | | | | | |
| YULIYA PAVLUSENKO | | | at () | T-1 | | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number | | | |
| Enclose | ed is a check for th | ne following amount: | | | | | |
| ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status | | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | 00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed) | | |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations 17 | Street Address: Registration S Division of Co The Centre of 2415 N. Monr | orporations | 10 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLORIDA LUXURY RIDES TRANSPOR | | |
|---|--|--|
| (<u>Name of the Limited Liabi</u> (A Floric | lity Company as it now appears on da Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability | Company were filed on $\frac{01/01/2}{1}$ | 2023 and assigned |
| lorida document number L22000522178 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| SAME AS ON FILE | | 2023 5-10 7-7 |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the design | nation "LLC" or the abbregation" LLC." |
| Enter new principal offices address, if applicable: | SAME | 2 = 2 |
| Principal office address MUST BE A STREET ADD | RESS) | <u> </u> |
| | | Maria Hara |
| Enter new mailing address, if applicable: | SAME | IATE 1205 |
| Mailing address MAY BE A POST OFFICE BOX) | _ | |
| Muning unitess that BEATOST OFFICE BOA | | |
| 3. If amending the registered agent and/or registere agent and/or the new registered office address here: | | rds, enter the name of the new regist |
| Name of New Registered Agent: SAM | IE | |
| New Registered Office Address: | | |
| | Enter Florida s | atreet address |
| | · | , Florida |
| | City | 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 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> | <u>Address</u> | Type of Action |
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| in effective date is listed, the date must ote: If the date inserted in this blo | be specific an | d cannot be pr | ior to date of | filing or more | than 90 days | after filing. |) Pursuan | t to 605.020 |
| ote: If the date inserted in this bio cument's effective date on the De | partment of | meet me app State's recor | ds. | tory ming it | quirements. | , tills date | will not | oc nated a |
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| ecord specifies a delayed effective | date, but no | t an effective | e time, at 12 | :01 a.m. on | he earlier o | f: (b) Th | e 90th d | ay after the |
| is filed. | | | | | | | | |
| 19th of April | | 2023 | | | | | | |
| 19th of April | | | · | | | | | |
| en | | member or at | · | | | | | |
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Filing Fee: \$25.00