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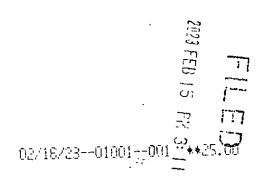
| (F                   | Requestor's Name)      |             |
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| (A                   | Address)               |             |
| (A                   | Adcress)               | <del></del> |
| -(0                  | City/State/Zip/Phone # | )           |
| PICK-UP              | WAIT                   | MAIL        |
| (E                   | Business Entity Name)  | <del></del> |
| (E                   | Document Number)       |             |
| : Copies             | Certificates           | of Status   |
| al instructions to F | iling Officer:         |             |
|                      |                        |             |
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Office Use Only

A. RIVERS FEB 1 5 2023



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## COVER LETTER \*

| TO: Registration So<br>Division of Co |   |   |  |
|---------------------------------------|---|---|--|
|                                       | EL CARMEN BUS SERVICE                     | LLC   |  |
| SUBJECT:                              | Name of Lim                               | ited Liability Company  | <del></del>  |
| The enclosed Articles of              | Amendment and fee(s) are sub              | mitted for filing.  |  |
| Please return all correspo            | ondence concerning this matter            | to the following:   |  |
|                                       | Luis A. Alvarez                           |   |  |
|                                       | <del>.</del>                              | Name of Person  | <del></del>  |
|                                       | Maria Del Carmen Bus Se                   | rvice LLC   |  |
|                                       | <del></del>                               | Firm/Company  |  |
|                                       | 26 Diplomat Parkway, Un                   | 1 #2352   |  |
|                                       |   | Address   |  |
|                                       | Hallandale Beach, FL 330                  | 09  |  |
|                                       | <del> </del>                              | City/State and Zip Code   | -  |
|                                       | lalvarez100287@gmail.com                  | to be used for future annual report notific                         |  |
| Non-Grather in Committee o            | concerning this matter, please c          | •   | zaton)   |
|                                       | concerning this matter, please c          |   |  |
| Luis A. Alvarez                       |   | 786 423-2728<br>at (  |  |
| Name o                                | f Person                                  | Area Code Daytime   | l'elephone Number  |
| Enclosed is a check for the           | he following amount:                      |   |  |
| ■ \$25.00 Filing Fee                  | S30.00 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                       |   | Street Address:   |  |
| Registration S<br>Division of C       |   | Registration Sect<br>Division of Corpo                              |  |
| P.O. Box 633                          |   | The Centre of Tal   |  |

P.O. Box 6327 Tallahassee, FL 32314

•

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MARIA DEL CARMEN BUS SERVICE LLC   | and as it now appears on our records                          | <del></del>            |  |  |
|--|---|------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited)  | Liability Company)  |                        |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000080785                  | were filed on 01/26/2023                                      | and assigned           |  |  |
| This amendment is submitted to amend the following:  |   |                        |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |                        |  |  |
| Fumi Bus Service LLC   |   |                        |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the al                | obreviation "L.L.C."   |  |  |
| Enter new principal offices address, if applicable:  | 26 Diplomat Parkway, Unit #2352                               |                        |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Hallandale Beach, FL 33009                                    |                        |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                   | 26 Diplomat Parkway, Unit #2352<br>Hallandale Beach, FL 33009 | 2023 FEB               |  |  |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, enter the nan                         | ne of the new register |  |  |
| Name of New Registered Agent:  |   | <u></u>                |  |  |
| New Registered Office Address:   | Enter Florida street 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

| Title | Name | Address | Type of Action |
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| Effective date, if other than  | the date of fi   | iling:                                 |                  |                   | (optional)          |  |
| Effective date, if other than fan effective date is listed, the dat Note: If the date inserted in the document's effective date on the | iis block does n | iot meet the appl                      | icable statutory | filing requirem   | ents, this date wil | rsuant to 605.0207<br>I not be listed as |
| e record specifies a delayed eff   | ective date, but | not an effective                       | time, at 12:01   | a.m. on the earli | er of: (b) The 9    | Oth day after the                        |
| rd is filed.   |                  |  |                  |                   |                     |  |
| _  |                  | 2023                                   |                  |                   |                     |  |
| Pated February 13  |                  |  |                  |                   |                     |  |
| Dated  |                  | ,                                      | <del></del>      |                   |                     |  |
| Dated February 13  |                  | of a member or au                      |                  |                   |                     |  |

Filing Fee: \$25.00