123000197355

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only/State/21p/: Hone #)
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(Business Entity Name)
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COVER LETTER

TO:	Registration Se Division of Cor		2	
		OUSINE SERVICES LLC		3 0
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		ARTUR CONSTANTINE	SCU	
			Name of Person	
		VVIP LIMOUSINE SERV	VICES LLC	
	Firm/Company			
		5001 WILES RD, APT 10	3	
			Address	
		COCONUT CREEK, 330	73	
			City/State and Zip Code	
		ARTUR.CONSTANTINES	SCU@GMAIL.COM to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	•	
ARTU	R CONSTANTIN	FESCU	786 6061389	
Name of Person			Telephone Number	
Enclose	ed is a check for the	ne following amount:		
\$25	5.00 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 Address: Registration Section		Street Address: Registration Sec	ction	
Division of Corporations		Division of Corporations		
	P.O. Box 632 Tallahassee, I		The Centre of Ta	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVIP LIMOUSINE SERVICES LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
he Articles of Organization for this Limited Liability Companion lorida document number <u>L23000197355</u> .	y were filed on 04/21/2023	and assig	ned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
IEAR SERVICES LLC			
ne new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	e abbreviation "L.L.	C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
incipat office address MOST BE A STREET ADDRESS			
		7:02	
		023 NO	.~
nter new mailing address, if applicable:		<u> </u>	
<u> 1 Aailing address MAY BE A POST OFFICE BOX)</u>		<u> </u>	
			• 1
		بې	•
. If amending the registered agent and/or registered office	e address on our records, <u>enter the n</u>	ame of the new	<u>registe</u>
ent and/or the new registered office address here:			
Name of New Registered Agent:			
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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			\(\tau \) Change
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ective data if other th	on the date of	filing:		(ontional)	
ective date, if other the effective date is listed, the effective date inserted in ument's effective date of the effective date of t	this block does	not meet the app	licable statutory (or more than 90 days filing requirements	after filing.) Pursuants, this date will not	to 605.020 be listed a
cord specifies a delayed s filed.	effective date, bu	t not an effective	e time, at 12:01 a.	m. on the earlier of	of: (b) The 90th da	y after the
NOVEMBER 1	<u></u>		·			
		AW	7			_
_	Signature	of a member or au	thorized representa	tive of a member		