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Division of Corporations

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From:

Account Name

: TAX S PRO CORP

Account Number : I20200000147

Phone

: (786)307-2733

Fax Number

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	TO: R	egistration Se livision of Cor	ction porations			
	cum ie <i>c</i> i		LUXE TRANSPORTATION I	.L.Ç		
	SUBJECT	<u></u>	Name of Lins	ited Liability Company		
	The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
7. (Please retu	ım all correspo	indence concerning this matter	to the following:		
The state of the s			ANWAR I PUELLO			
H.				Name of Person		
新			TAX S PRO CORP			
				Firm Company		
			8030 PINES BLVD			
				Address		
			PEMBROKE PINES , FL	33024		
				City/State and Zip Code		
			INFO@TAXSPRO.COM	to be used for future aruntal	mount notification	
	For further	r information c	oncerning this matter, please c		report normeation.	,
		IPUELLO		786 30	17-2733	
		Name o	f Person	at () Area Code	Daytime Telepi	hone Number
	Enclosed i	s a check for t	ne following amount:			
	≅ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee Certifled Copy (additional copy is con		S60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is exclosed)
		failing Addres		Street A		
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		O. Box 632			ntre of Tailaha	

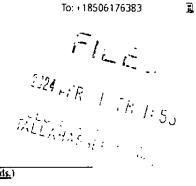
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CLASSIC LUXE TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.24000104414 This amendment is submitted to amend the following:		
	A 1994	
A. If amending name, enter the new name of the limited lis	ошту сотрапу пеге:	
The new name must be distinguishable and contain the words "Limited Lia	sility Company," the designation "L.L.C." or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	8451 W MISSION WOOD DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33025	
	OUTIUNAISCIANCINA	_ . N
	- 73 4 4 1 00 MH - 3 10 11 10000	'\/
Enter new mailing address, if applicable:	10 A 14 10 D D D	
• • • • • • • • • • • • • • • • • • • •	8411 W MISSION COOD MIRAMARIFL 3302	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address bere:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new reg</u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new reg	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new reg	ister
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City: Zip Code	ister
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street address Cay: Zip Code	ister
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Cuy: Cuy: Tip Code I: gree to act in this capacity. I further agree to comply we be performance of my duties, and I am familiar with an a provided for in Chapter 605, F.S. Or, if this documen	ister

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Acti
AMBR	CESAR , WILLIAM	6736 ROSE DR	
		MIRAMAR , FL 33023	■Remove
		V-8	⊡ Change
AMBR	CESAR , WILLIAM	8451 W MISSION WOOD DRIVE	
		MIRAMAR, FL 33025	□ Remove
			□Change
AMBR	CLERMONTH, MARDOCHEE F	6736 ROSE DR	□Add
		MIRAMAR, FL 33023	■ Remove
АМВК	CLERMONTH, MARDOCHEE F	8451 W MISSION DRIVE	
		MIRAMAR , FL 33025	[□ Remove
AMBR	CESAR, JACQUES MARIE	6736 ROSE DR	⊡vqq ≻∵ —
		MIRMAR , FL 33023	∏ ■Remove
		•	□Change
AMBR	CESAR, JACQUES MARIE	8451 W MISSION WOOD DRIVE	= Add
		MIRAMAR, FL 33025	□Remove

■3 of 7

		
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record is filed.		
	2024	
04/02		
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