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 L240001215403
 Division of Corporations
 Florida Department of State
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 Electronic Filing Cover Sheet

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((H24000121540 3)))



H240001215403ABCT

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : TAX S PRO CORP
 Account Number : I20200000147
 Phone : (786)307-2733
 Fax Number : (954)420-7118

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@TAXSPRO.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CLASSIC LUXE TRANSPORTATION LLC**

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Corporate Filing Menu

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K. SALY

APR 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSIC LUXE TRANSPORTATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANWAR I PUELLO

Name of Person

TAX S PRO CORP

Firm Company

8030 PINES BLVD

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR I PUELLO

786

307-2733

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

The Articles of Organization for this Limited Liability Company were filed on 03/04/2024 and assigned
Florida document number L24000104414

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8451 W Mission Wood Drive
MIRAMAR, FL 33025

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent 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



Apr 10, 2024 20:05 (UTC-04)

From: +19544207118 (TAX S PRO)

To: +18506176383

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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>	<u>Type of Action</u>
AMBR	CESAR, WILLIAM	6736 ROSE DR	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR, WILLIAM	8451 W MISSION WOOD DRIVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLERMONT, MARDOCHIE F	6736 ROSE DR	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLERMONT, MARDOCHIE F	8451 W MISSION DRIVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR, JACQUES MARIE	6736 ROSE DR	<input type="checkbox"/> Add
		MIRMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR, JACQUES MARIE	8451 W MISSION WOOD DRIVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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