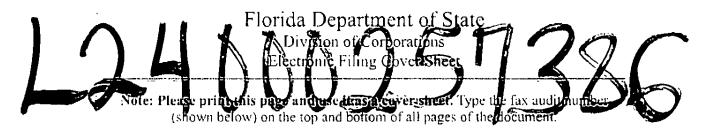
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Div-sion of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXURY SUV TRANSPORTATION LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON

JUN 14 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RANSPORTATION LLC		
(Name of the Limited Limbility Compa (A Florida Limited)	ny as it now appears on our records.) Ciability Company)	-	
The Articles of Organization for this Limited Liability Company Florida document number L24000257386	were filed on 06/05/2024	and assigned	
This amendment is submitted to amend the following:  10.7  A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.IC."	
Enter new principal offices address, if applicable:	5419 NW 27TH ST	122	
(Principal office address MUST BE A STREET ADDRESS)	MARGATE, FL 33036	<del>U</del>	
4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		-9 . j. ·	
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		
New Registered Office Address:	Enter Florida street address		
	Florida		
	Clb'	da	
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe performance of my duties, and provided for in Chapter 605, F.	S. Or, if this document is	
If Ch.	anging Registered Agent, Signature of I	New Registered Agent	

## H24000208383 3

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	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			bbA□
			□Remove
			□ Change
			 □ Add
			 Remove
			ဘ DAdd
			□Remove
			☐ Change
			☐Add
			□Remove
		<u></u>	
			□Add
• •			□Remove
			Change
		H24000208383 3	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_ (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. JUNE 14TH Dated 2024 Signature of a member or authorized representative of a member JUAN CARLOS ESPITIA RAMIREZ

Typed or printed name of signee