# L24000445960

(Requestor's Name)
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PICK-UP WAIT MAIL
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### **COVER LETTER**

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eub IPZ		NECUTIVE SERVICE LLC					
SUBJEC	1:	Name of Lim	ited Liability Company	- <del>120.</del>			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		DAVID PEREZ	re submitted for filing.  natter to the following:  Name of Person  Firm/Company  SET, APT 4  Address  City/State and Zip Code  ML.COM  Iress: (to be used for future annual report notification)  case call:  at (				
			Name of Person				
			Firm/Company				
		871 NW 2ND STREET, A					
			Address				
		MIAMI, FL, 33128					
				<del></del>			
		PEREZD8823@GMAIL.C		otilication)			
For furthe	er information c	oncerning this matter, please c					
DAVID PEREZ			at ( )				
	Name c	f Person	Area Code Day	ime Telephone Number			
Enclosed	is a check for t	he following amount:					
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
Mailing Address: Registration Section							
Division of Corporations			Division of Corporations				
	P.O. Box 632 Tallahassee.			f Tallahassee roe Street, Suite 810			

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENUS EXECUTIVE SERVICE 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  $\frac{10/18/2024}{1}$ and assigned Florida document number \_\_L24000445960 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WORLD CLASS LIMOUSINE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

#### 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

\_, Florida \_\_\_

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>	Type of Action
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Effective date, if If an effective date is <u>Note:</u> If the date i document's effecti	nserted in this blo	ock does not n	neet the app	licable statut	ling or more tha ory filing requ	(option 190 days after fi frements, this (	nal) ling.) Pursuant to 60 date will not be lis	05,0207 sted as
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Filing Fee: \$25.00