Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	ιη S
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	Account Name : INC AUTHORITY, LLC	ORIDA
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	Phone : (775)329-7721	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHUTTLE BOOKINGS, LLC

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Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2024 DEC -2 AM 0: 10

SHUTTLE BO	OKINGS, LLC The property of our records. ALLAHASSEE, FLORIDA Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000483037</u> This amendment is submitted to amend the following:	
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 Liabii	tiry Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 W Flagler Street, Suite 900 Pmb#11111
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	66 W Flagler Street, Suite 900 Pmb#11111 Miami, FL 33130
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	——————————————————————————————————————
Name of New Registered Agent:	
New Registered Office Address:	Enter Floritia street address
	, Florida City Ziμ 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

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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

Title	Name	Address	Type of Action
MGR	Kevin Izquierdo	66 W Flagler Street	BbbA □
		Suite 900 Pmb#11111	☐ Remove
		Miami, FL 33130	E Change
MGR	Cristian Izquierdo	66 W Flagler Street	
		Suite 900 Pmb#11111	☐ Remove
		Miami, FL 33130	Change
MGR	Naybi Duarte	66 W Flagler Street	🗀 Add
		Suite 900 Pmb#11111	Remove
		Miami, FL 33130	☑ Cluange
MGR	Amado Izquierdo	66 W Flagler Street	Add
		Suite 900 Pmb#11111	Remove
		Miami, FL 33130	⊡ Change
			
			Remove
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H ame	nding any other infor	nia tion, enter c	hunge(s) here:	(Attach addition	al sheets, if nece	rssary.)	
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		Signature of a r	nember or authori	Ard representative of	a member	*************	

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