M1200000 4664

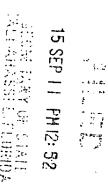
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SEP 1 4 2015 J SHIVERS



August 26, 2015

ERIK DAY 20860 NW 2ND AVE MIAMI, FL 33169

SUBJECT: LUXURY AUTOMOTIVE TRANSPORTATION SERVICES, LLC

Ref. Number: M12000004664

We have received your document for LUXURY AUTOMOTIVE TRANSPORTATION SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00018034

COVER LETTER

	egistration Sec ivision of Corp			
CHDIECT		UTOMOTIVE TRANSPORTA	ATION SERVICES, LLC	
SUBJECT	·	Name of Limit	ed Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please retu	arn all correspor	ndence concerning this matter to	o the following:	
		Erik Day		
			Name of Person	
		Luxury Automotive Transpo	ortation Services	
			Firm/Company	
		20860 NW 2nd Avenue		
			Address	
		Miami, FL 33169		
			City/State and Zip Code	
		eday@viatransport.com		
		E-mail address: (to	o be used for future annual report notifica	ation)
For furthe	r information co	oncerning this matter, please cal	11;	
Samantha	Jacobson		305 7493771 at ()	
	Name of	i Person	at ()	elephone Number
Enclosed	is a check for th	e following amount:		
\$25.00	0 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

 Name of limited liability Company as it appears on the records State: Luxury Automotive Transportation Ser 	-	t of		_
Enter new principal office 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)				-
2. The Florida document number of this limited liability company	M12000004664	4		- -
3. Jurisdiction of its organization: DE			5	
4. Date authorized to do business in Florida: 8/6/12		Service Service	TO .	ياه جماد د - <u>-</u> ا
SECTION II (5-9 complete only the applicable changes)			P	4.423
5. New name of the limited liability company: (must contain "Limi	ited Liability Company, "'	L.L.G.; or	" <u>ij</u> c."	") ~
(If name unavailable, enter alternate name adopted for the purpos copy of the written consent of the managers or managing member must contain "Limited Liability Company," "L.L.C." or "LLC.")	e of transacting business in s adopting the alternate na	n Florida and ime. The alte	i attach rnate n	a a ame
6. If amending the registered agent and/or registered officer address teres agent and/or the new registered office address here:	ss on our records, enter th	e name of th	<u>e new</u>	
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida Street A	lddress		_
	, Flor			
	City	Zip Co	ode	_

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.

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pinnacle Investment Group, LLC		Add
		20860 nw 2nd ave, Miami FL 33169	Remov
MGR	Erik Day	20860 NW 2nd ave, Miami FL 33169	■Add
			Remov
	<u>. </u>		Add
			Remov
		6 22 77 88 88 88	O Remove
			Add Remov
aforemention	a certificate, if required: no more than send amendment(s), duly authenticated under the law of which this entity is or	by the official having custody of records in the	G Rem

Filing Fee: \$25.00