

L11000065604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

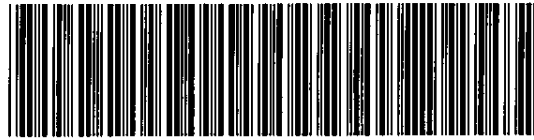
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DIVISION OF CORPORATIONS
11 AUG 11 PM 2:25

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2011

TREASURE COAST TAXI COMPANY LLC, ATTN: JOHN GREENWOOD
12298 FLORIDA AVENUE
STUART, FL 34994

SUBJECT: TREASURE COAST TAXI COMPANY LLC
Ref. Number: L11000065604

This is to advise you that on June 6, 2011, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6911.

Sincerely,

Brenda Tadlock
Senior Section Administrator
Registration/Qualification Section

Letter Number: 811A00018414

Brenda L Tadlock, Registration Section
Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

John Greenwood
Treasure Coast Taxi Company, LLC
12298 Florida Avenue,
Stuart, FL 34994

August 10, 2011

Dear Ms. Tadlock,

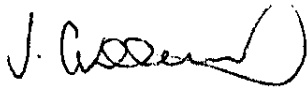
Re: Your Letter Number 811A00018414

Please find as attachments to this e-mail and as discussed yesterday afternoon on the telephone, the following documents:

1. A copy of your letter to me.
2. The completed Cover Letter and Articles of Amendment forms you sent.
3. Completed Fictitious Name Registration form, as discussed.
4. A copy of a letter that I will send to the owner of TREASURE COAST TAXI INCORPORATED, informing him of my intent to change the name of my LLC to avoid any potential confusion.

Please confirm to me as soon as possible that the changes have been implemented, so that I can begin the process of changing all of the other legal documents (such as the FEIN etc.).

Sincerely,



John Greenwood

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TREASURE COAST TAXI COMPANY 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:

JOHN GREENWOOD
Name of Person

Firm/Company

12298 FLORIDA AVENUE
Address

STUART, FL 34994
City/State and Zip Code

JOHN_P_GREENWOOD@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN GREENWOOD at (772) 353-6228
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

N/A

- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

11 AUG 11 PM 2:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TREASURE COAST TAXI COMPANY 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 JUNE 6, 2011 and assigned
Florida document number L11000065604

This amendment is submitted to amend the following:

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

TREASURE COAST TAXI SERVICE LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

_____, 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 11, 2011.

J. Greenwood

Signature of a member or authorized representative of a member

JOHN GREENWOOD

Typed or printed name of signee