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(Req	uestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: / St (	lass' Taxi of A	Perdido Key LLC  ted Liability Company	· · · · · · · · · · · · · · · · · · ·
	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Mark t	Soublet Name of Person	
	1°Cless Taxi	of Perdido Key, LLC Firm/Company	
	13430 Gu	If Beach Hwy #99	
	Pensacola, F	1. 32507	
		City/State and Zip Code	
-	Sertain @ Gmai	7. Com o be used for future annual report notificati	on)
For further information cond	cerning this matter, please cal		ony
Mark E. Sc	ublet	at (850) 1760 - 490 Area Code Daytime Tel	93
Name of Pe	rson	Arca Code Daytime Tel	epnone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 Class Taxi of	Pendido Key, L.L.C.		
(Name of the Limited ) (A	Perdiclo Key, L.L.C. Liability Company as It now appears of Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on/	a contract of the contract of	_ and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the Start and Sh.  The new name must be distinguishable and contain the word.	uttle of Pensacola	LLC	viation "L.L.C."
Enter new principal offices address, if applicabl	e;		
(Principal office address MUST BE A STREET A	(DDRESS)		<del></del> -
Enter new mailing address, if applicable:		in to	\$25 <sup>3</sup>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	· ·	
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter th</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:		<del></del>	
	Enter Florida	street address	
-	Cin	, Florida	Zip Code
	City		zıр Соае

## 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

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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			Change
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			Change

,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: If	e date, if other than the date of filing:
the reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	August 12, 2019
	Signature of a member or authorized representative of a member
	MARK E. SOVBLET  Typed or printed name of signee