L0000000 12480

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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JAN 0 9 2019 S. YOUNG SECRETARY OF STATE

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COVER LETTER

TO:	Registration S Division of Co						
SUBJE	FLOR	IDA KEYS TAXI DISPATCH	PARTNERS, L.L.C.				
SUBJE	ω I i	Name of Lin	nited Liability Company				
		f Amendment and fee(s) are sub condence concerning this matter	-				
		SUSAN M. CARDENAS.	ESQ.				
		OROPEZA, STONES & O	Name of Person				
			Firm/Company				
		221 SIMONTON STREE	· ·				
		KEY WEST, FL 33040	Address		F ::	18	
		hkosk@keywesttaxi.com	City/State and Zip Code		£1-:	EC 27	
For furth	er information	E-mail address: (concerning this matter, please c	to be used for future annual report not	fication)	E CONTRACTOR	₽ 6:	•
SUSAN	M. CARDENA		305 294-0252 at ()			25	
	Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed	l is a check for t	the following amount:					
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		

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

FLORIDA KEYS TAXI DISPATCH PARTNERS, LI		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our record</u> Jability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company dorida document number $\frac{1.00000012480}{1.00000012480}$.	were filed on 10/13/2000	and assigned
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 Liabi	lity 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)		<u> </u>
		C 2
Enter new mailing address, if applicable:		SE 7 M
Mailing address MAY BE A POST OFFICE BOX)		
		95 c
	•	25 0A
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, <u>enter the name of the </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	5
	, Flo	o rida
	e ŵ.	гар Соце

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
MGR	KATHERINE M. CRAIN	6631 Maloney Avenue	■ Add
		Key West, FL 33040	
			□ Remove
			☐ Change
			
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
		Add	
		Remove	
		□ Change	
			☐ Remove
			☐ Change

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 19 . 2018.
	Signature of a member or authorized representative of a member
	JAN DOELMAN, MANAGER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00