## L010000 13559

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	-
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T. MATTHEWS APR - 4 2022

ALL COUN	NTY YELLOW CAB, L.L.C.				
SUBJECT:	Name of Lin	nited Liability Company	: 1	1 .	£
•			2 💡	ı	ř
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			f
Please return all correspo	ndence concerning this matter	to the following:			
	Rachid Zraouli				
		Name of Person			
	ALL COUNTY YELLOW	CAB, L.L.C.			
		Firm/Company			
	602 Waterview Dr				
		Address			
	Lake Worth, FL 33461				
		City/State and Zip Code	·· ·		
	Zraoulizra@aol.com				
For further information co	E-mail address: ( oncerning this matter, please c	to be used for future annual rep all:	ort notification	)	
Rachid Zraouli		561 313-6: at ( )	254		
Name of	Person		Daytime Telep	hone Number	
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		Certified (	of Status &
- ~					
Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	The Centre	on Section of Corporate of Tallah		0

TO:

Registration Section Division of Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	.C.		22 1 3 29	
(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Liab	bility Company	were filed on 8/13/20	001 and assigned	
Florida document number L01000013559	· · ·		<b></b>	
This amendment is submitted to amend the follow	vina.			
A. If amending name, enter the new name of the	he limited liab	ollity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.I.C."	
		602 Waterview Dr		
Enter new principal offices address, if applicable:		Lake Worth, FL 334	161	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<del></del>	<u> </u>	
Enter new mailing address, if applicable:		602 Waterview Dr		
(Mailing address MAY BE A POST OFFICE BOX)		Lake Worth, FL 33461		
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our reco	rds, enter the name of the new registe	
-				
	Rachid Zraouli			
Name of New Registered Agent:				
	602 Waterview	Dr Dr		
Name of New Registered Agent: New Registered Office Address:	602 Waterview	Dr Enter Florida s	treet address	
	602 Waterview			
			rtreet address, Florida <sup>33461</sup> Zip Code	
	Lake Worth	Enter Florida s City		

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>	Address	Type of Action
MGRM	Peter, John	2000 N FLORIDA MANGO RD, Suite-107	□ Add
		WEST PALM BEACH, FL 33409	=Remove
			Change
MGR	Zraouli, Rachid	602 Waterview Dr	<b>=</b> Add
		Lake Worth, FL 33461	□Remove
			Change
	<del></del>		🗆 Add
	<del></del>	🗆 Remove	
			□ Change
			□ Add
			□Remove
			□Change
			□Remove
		<del></del>	□Change
<u></u>		□Add	
		<del></del>	□ Remove
			∏Change

f amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effective date is tote: If the date	f other than the date of filing:  (optional)  s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
record specifies I is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated March 14	Tufrid 1:2022
<del></del>	Signature of a member or authorized representative of a member
Rachid	I Zraouli
	Typed or printed name of signee

Filing Fee: \$25.00

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