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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. BRYAN

AUG -9 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TRANSIT II, 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: Julio Antonio Vendrell Name of Person TRANSIT II, LLC Firm/Company 1333 NW 29th Street Address MIAMI, FL 33142 City/State and Zip Code transit.cab@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julio Antonio Vendrell Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee **]\$30.00** Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status-Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations -Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRANSIT II, LLC		
(Name of the Limit	d Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
	(AT Forma Elimica Elability Company)		•
The Articles of Organization for this Limited	Liability Company were filed on	04/10/2007	and assigned
Florida document number L0700003	38591		
	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fo	llowing.		
	<u> </u>		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
	MD CABS, LLC	-	-
The new name must be distinguishable and end v	vith the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviat
"L.L.C."			
Enter new principal offices address, if appl	icable:		100 5
(Principal office address MUST BE A STRE	(ET ADDRESS)	ř	- <u></u>
			益馬刀
			SSS -6 -8
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	F POV	. 	F
Manning dutiess MAT BE AT OUT OFFICE	2 10 31	<u> </u>	智慧 3
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B. If amending the registered agent and	l/or registered office address on	our records, enter th	he name of the n
registered agent and/or the new registered		our todarday outland	
:	•		
Name of New Registered Agent:	Julio Antonio Vendrell		
- New Registered Office Address:	Enter Florida street address		
		, Florida	
	City	÷	Zip Code
New Registered Agent's Signature, if changing		1	

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Title** Name 1 **Type of Action** <u>Address</u> **MGRM** EASY CAB, LLC 1333 NW 29th Street ☐ Add MIAMI FL 33142 Remove **MGRM** Julio Antonio Vendrell 1333 NW 29th Street **✓** Add Remove MIAML FL 33142 Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 08/03/2010 Miami

> Julio Antonio Vendrell Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00