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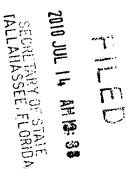
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C. LEWIS

JUL 1 5 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		* · · · · · · · · · · · · · · · · · · ·	•		
**************************************			·		
SUBJECT:	EAS'	Y CAB, LLC			
	Name of Limi	ted Liability Company	ada parta ang at tit da ta ta ta magalata da ma		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Jean R Charles			
		Name of Person			
EASY CAB, LLC					
		Firm/Company			
		1333 NW 29th Street			
		Address			
		MIAMI, FL 33142			
		City/State and Zip Code			
	E-mail address: (ASYCAB@gmail.com to be used for future annual report notific	ation)		
For further information c	oncerning this matter, please of	all:			
Jea	an R Charles	at (305) 3	09 5531		
Name of Person		Area Code & Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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
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

FILED

2010 JUL 14 AM 13: 83

	EASY CAB, LLC	1010 00-	OF OTATE	
(Name of the Limited	EASY CAB, LLC Liability Company as it now appears Florida Limited Liability Company)	on our records	SSEE, FLORIDA	
(A	riorda Limited Liability Company)	IMCLINI		
The Articles of Organization for this Limited Li	ability Company were filed on	04/10/2007	and assigned	
Florida document numberL07000038				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company here:	;		
, <u>, , , , , , , , , , , , , , , , , , </u>				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compan	y," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			

D. If any adding the projectional arount and	on verdetored office address on or	u macanda antan i	the name of the nour	
B. If amending the registered agent and/or the new registered of		r records, enter	ine name of the new	
Name of New Registered Agent:	Jean R Charles	****	<u> </u>	
New Registered Office Address:	1333 NW 29th Street			
and the same and a same and	Enter Florida street address			
	MIAMI	, Florida	33142	
	City		Zip Code	
New Registered Agent's Signature, if changing I	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

D.

MGRM = Managing Member Type of Action **Title** Name **Address MGRM** CITY TRAFFIC, LLC 1333 NW 29th Street ☐ Add MIAMI FL 33142 √ Remove Jean R Charles MGRM 1333 NW 29th Street **✓** Add Remove MIAMI FL 33142 ☐ Add ☐ Remove ∏Add Remove ☐ Add Remove

If amending any other information, enter change(s) here:	(Attach additional sheets, į	if necessary.)	
		IAL SE	1010

Dated Miami, 06 21 , 2010

Signature of a member or authorized representative of a member

Jean R Charles
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00