LD7000038594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
AUG 6 2010
FXAMINER

Office Use Only



100183977931

08/05/10--01010--001 **25.00

SECRETARY OF STATE

JAUG -5 PH 3: 2

COVER LETTER

TO: Registration Division of C	Section Corporations	70				
SUBJECT:	EAS'	Y CAB, LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence 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						
Charje1@yahoo.com E-mail address: (to be used for future annual report notification)						
For further information	n concerning this matter, please c		,			
Jean R Charles			531 5543			
Nam	e of Person	Area Code & Daytime	relepnone Number			
Enclosed is a check fo	r the 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 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

	EASY C	AB, LLC					
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears Liability Company)	on our records.)				
The Articles of Organization for this Limited L	were filed on	04/10/2007	and as	signed			
Florida document numberL0700003	8594						
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	oility company here	:				
JC BR	OTHERS PRO	DUCTIONS, LL	.C				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compar	ny," the designation "I	LC" or the	abbreviation		
Enter new principal offices address, if appli	4811 SW 41 Street, Apt.206						
(Principal office address MUST BE A STREET ADDRESS)		Pembroke Park, FL 33023					
Enter new mailing address, if applicable:	4811 SW 41 S	Street, Apt.206					
(Mailing address MAY BE A POST OFFICE BOX)		Pembroke Park, FL 33023					
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter t</u>	he name o	of the new		
Name of New Registered Agent: Charles Jea		an R		ACC 35	·		
New Registered Office Address:	4811 SW 4	1 Street, Apt.206	S er Florida street add	AUG -5			
	Pei	mbroke Park		: ⇔33 03	# 		
	r 0	City	, Florida	Zip Cod			
New Registered Agent's Signature, if changing	Registered Agent:	•		TATE PRIBA			

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

MGRM = Managing Member

<u>Title</u> <u>Name</u> <u>Address</u> Type of Action SHIDDELL, NICHOLAS C MGR ☐ Add 1333 NW 29th Street 🔽 Remove MIAMI, FL 33142 Charles Jean R MGR ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/30/2010 Miami Dated ____ Cos Signature of a member or authorized representative of a member Charles Jean R Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00