

LO7000092523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 13 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: your safe driver taxi 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:

Raymond Venelus

Name of Person

Your Safe Driver Taxi

Firm/Company

3700 Georgia ave #23

Address

West Palm Beach FL 33405

City/State and Zip Code

Services@yoursafedrivers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Venelus

Name of Person

at 561 398-7442

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Your Safe Driver Taxi LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2012 and assigned
Florida document number L07000092523.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME

The new name must be distinguishable and end with the words "Limited Liability 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)

3700 Georgia ave #23

West Palm Beach FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3700 Georgia ave # 23

West Palm Beach FL 33405

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Manny Carrion

New Registered Office Address:

3700 Georgia Ave #23

Enter Florida street address

West Palm Beach

Florida 33405

City

Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Raymond Venelus	3700 Georgia Ave #23	<input checked="" type="checkbox"/> Add
		West Palm Beach FL	<input type="checkbox"/> Remove
		33405	
AMBR	Manuel Carrion	3700 Georgia Ave #23	<input checked="" type="checkbox"/> Add
		West Palm Beach FL	<input type="checkbox"/> Remove
		33405	
MGR	Artil Merilien	2000 N Florida Mango Rd #107b	<input type="checkbox"/> Add
		West Palm Beach FL	<input checked="" type="checkbox"/> Remove
		33409	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We are removing a member Artil Merilien and address

change to 3700 Georgia ave #23

West Palm Beach Fl 33405

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/05/2014



Signature of a member or authorized representative of a member

Raymond Venelus

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA