

L080000032621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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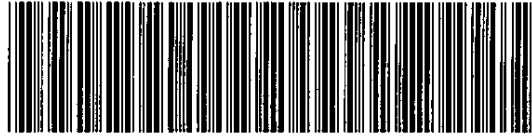
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. O'Callaghan AUG - 7 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAST COAST 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:

GERMAN MELENDEZ

Name of Person

EAST COAST TAXI

Firm/Company

4801 GEORGIA AVENUE

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

MADMANSMEDIA-COM@HOTMAIL.COM

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

For further information concerning this matter, please call:

GERMAN MELENDEZ

Name of Person

at (**561**)

633-0808

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EAST COAST TAXI LLC.

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

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The Articles of Organization for this Limited Liability Company were filed on 03/31/2008 and assigned
Florida document number L08000032621.

This amendment is submitted to amend the following:

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

EAST COAST TAXI LLC.

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)

4801 GEORGIA AVENUE

WEST PALM BEACH, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4801 GEORGIA AVENUE

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:

GERMAN MELENDEZ

New Registered Office Address:

4801 GEORGIA AVENUE

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 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:

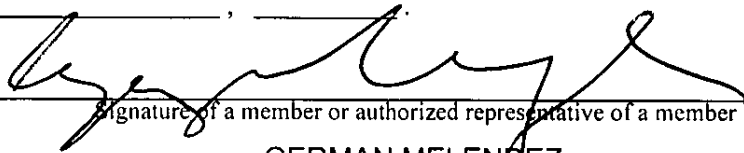
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VALENCIA, ALAN	1423 ALLENDALE RD WEST PALM BEACH FL 33405	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SOOKLALL, VISHWA	1423 ALLENDALE RD WEST PALM BEACH FL 33405	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TENINTY, SCOTT	1423 ALLENDALE RD WEST PALM BEACH FL 33405	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SAGAZ ENTERPRISES LLC	4801 GEORGIA AVENUE WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MYRTHA B. FORD	14800 MIAMI LAKEWAY SOUTH MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE FLORIDA

Dated _____



Signature of a member or authorized representative of a member

GERMAN MELENDEZ

Typed or printed name of signee