## L08000032621

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	SEP <b>2 4</b> 2009
	EXAMINER

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SECRETARY OF STATE

109 SEP 23 AM II: 08

## **COVER LETTER**

	ision of Corpora					
SUBJECT:		EAST CO	DAST TAXI LLC.			
		Name of Lim	ited Liability Company			
The enclosed	l Articles of Ame	endment and fee(s) are su	omitted for filing.			
Please return	all corresponder	nce concerning this matte	r to the following:			
	_	GI	ERMAN A. MELENDEZ	Z		
			Name of Person			
	_	EA	ST COAST TAXILLC	•	4.5	
			Firm/Company		SEC.	
		48	01 GEORGIA AVENUE	Ε	2009 SEP 23 SECKE JAR'S TALLAHASSI	
	_		Address			てニアファ
		WEST	PALM BEACH, FL 33	3405	3 AM II: 08	į
	_		City/State and Zip Code		SE	
	_	EAST E-mail address: (	COASTTAXI@LIVE.C	OM rt notification)	D	
For further in	nformation conce	erning this matter, please of	call:			
		MAN A.	at (_561_)	633-0808		
	Name of Per	son	Area Code & I	Daytime Telephone Number		
Enclosed is a	check for the fo	llowing amount:				
<b>√</b> \$25.00 Fi	ling Fee	]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &	
	Registration	Corporations	STREET/CO Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST CC (Name of the Limited Liability Co (A Florida Lim	DAST TAXI LLC.  ompany as it now appears  nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL08000032621	npany were filed on	3/31/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here	:	
EAST CO	AST TAXI LLC.		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compan	y," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		7009 2009
Enter new mailing address, if applicable:			SEP 23 AM CREIARY OF AHASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)			FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		p=7 T	
	Ente	r Florida street ad	aress
		, Florida	
	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>	Address	Type of Action
MGRM	GERMAN A. MELENDE	4801 GEORGIA AVENUE WEST PALM BEACH, FL 33405	✓ Add ☐ Remove
<del></del>	····		Add Remove
<del></del>			(T) D
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if neces.	Add Respove  TALLAHASSEE, FLORIDA  Sary.)
Dated	SEPTEMBER 21	, <u>2009</u> .	<del> </del>
	Signature of	GERMAN A. MPCENDEZ Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00	7