Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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n i na hadiole i i maitimantina tamat sa na i sa san sita a be a timantina natan na na ina karati sa ika di in

To:

Division of Corporations

rax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735

Fax Number : (954)641-4192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASS OUTREACH TAXI ADVERTISING COMPANY, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

5/15/2010

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAY 17 AM 7: 54 DECKETARY OF STATE TALLAHASSEE, FLORIDA

. .

Mass Outre	each Taxi Advertising Company, LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Plorida Limited Liability Company)
	Liability Company were filed on 1/22/2010 and assigned
This amendment is submitted to amend the fo	llowing:
A. If amending name, enter the new name	of the limited liability company here:
	vin Taxi Partitions Mfg. Co., LLC
The new name must be distinguishable and end v "L.L.C."	with the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if appl	ienble:
(Principal office address MUST BE A STRE	ET ADDRESS)
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered office address on our records, enter the name of the new office address here: Mark Braun
	9045 LaFontana Blvd., Suite 228
New Registered Office Address:	Enter Florida street address
	Boca Raton, Florida Florida 33434 City Zip Code
	City Zip Coda
Now Registered Agent's Signature, If changing	Registered Agent:
the provisions of all statutes relative to the accept the obligations of my position as reg	ed agent and agree to act in this capacity. I further agree to comply with proper and complete performance of my staties, and I am familiar with and sistered agent as provided for in Chapter 608, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability is change. If Changing Registered Agent Signature of New Registered Agent Page 1 of 2

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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:

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
			Add Remove
			Add Remove
·	·		TO HAY
			7 AM 7: 54
). If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	,
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Filing Fee: \$25.00