L1100028487

(Re	equestor's Name)			
(Ad	ldress)			
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B. KOHR JUN 25 2012 EXAMINER



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COVER LETTER

TO: Registration Division of C			
CUDIECT.	Cruz	'n Cab LLC	
SUBJECT:		ited Liability Company	
	of Amendment and fee(s) are sub		
		Kenneth Walker	
		Name of Person	
		Cruz'n Cab LLC	2 9.0
	 	Firm/Company	
		P.O. Box 15324	2
		Address	
	Ferr	nandina Beach FL 32035	12 9H 22 FAIL 21
		City/State and Zip Code	2
	E-mail address: (ruzncab@yahoo.com to be used for future annual report notification)
For further information	n concerning this matter, please of	call:	
К	enneth Walker	at (904) 237-	9504
Nam	e of Person	Area Code & Daytime Telep	shone Number
. /	r the following amount:		
V \$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)
Reg Divi P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, 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

	Cruz'n Cab LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appea orida Limited Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liabi Florida document numberL1100002898	• •	March 9, 2011	_ and assigned		
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with th "L.L.C." Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	any," the designation "LLC	" or the abbreviation		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>				
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:	Kenneth Walker				
New Registered Office Address:	Er	nter Florida street addres	3S		
	, Florida				
·	City		Zip Code		
New Registered Agent's Signature, if changing Reg	istered 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>Address</u> **Title** Name | **Type of Action** Jacqueline R Jones **MGRM** ☐ Add 85294 Trinity Cir ✓ Remove Yulee Fl 32097 MGR Kenneth Walker 701 West Front St **✓** Add Hilliard Fl 32046 ☐ Remove Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 18 2012 Dated Signature of a member or authorized representative of a member Kenneth Walker

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00