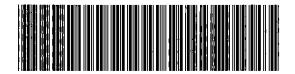
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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2011 JUN 13 PH 1: OF

T. CLINE
JUN 14 2011
EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	Taxi C	ar Advertising				
	T	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Scott Kimmel	·			
		Name of Person				
		Taxi Car Advertising				
Firm/Company						
	1000 5th Street suite 200					
		Address				
	N	liami Beach, FL 33139				
		City/State and Zip Code				
	taxica	aradvertising@gmail.co	om (*)	∓ s	22	
For further information	e-mail address: (to be used for future annual repor	inotification)	ECRE LLAH	2011 JUN 13	~
	-			TARY	Z	Electrical satestima
	Scott Kimmel	at (786)	343-0013	···	ω <u> </u>	Emilia.
Name	of Person	Area Code & D	aytime Telephone Number)F'STAT FL'ORI	PK 1: 05	ا متاه متاه الاس رامة
Enclosed is a check for	the following amount:			DA DA	6	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Copy — Certificate of Status &			
MAILING ADDRESS: Registration Section		STREET/CO Registration S	OURIER ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taxi Ca	ar Advertising				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea nited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Com	npany were filed on	5/27/2011	and assigned		
Florida document number <u>L11000062962</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company her	re:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation '	'LLC" or the abbreviation		
Enter new principal offices address, if applicable:			-		
(Principal office address MUST BE A STREET ADDRES	<u> </u>		201 SE		
			CREATE AND A STATE OF THE PARTY		
			Z		
Enter new median address if applicables			SEX S		
Enter new mailing address, if applicable:			T 3 11		
(Mailing address MAY BE A POST OFFICE BOX)			(A)		
			ORI :		
			Sh. &		
B. If amending the registered agent and/or registere	ed office address on o	our records, enter	the name of the new		
registered agent and/or the new registered office address		, <u></u>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

P

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 of 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 MGR** Scott Kimmel 1000 5th Street suite 200 ✓ Add Miami Beach, FL 33139 US Remove Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 08 Dated

Scott Kimmel
Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00