

L/2000076646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

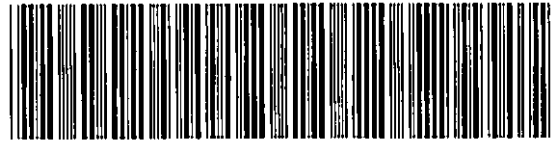
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV -9 PM 2:14

FILED

10/17/18--01003--029 **25.00

NOV 15 2018

S. PRATHER

2018 OCT 15 AM 10:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2018

STANISLAV NIROLOV
204 RACETRACK RD NE
FORT WALTON BEACH, FL 32547

SUBJECT: OK TAXI LLC
Ref. Number: L12000076646

We have received your document for OK TAXI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 118A00021687

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OK 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:

Stanislav Nikolov
Name of Person

Firm/Company

204 Race Track RD NE
Address

FNB, FL 32547
City/State and Zip Code

s.nikolov84@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanislav Nikolov at (850) 460 5642
Name of Person 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

OX TAXI LLC

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

2018 NOV - 9 PM 2:14
STATE OF FLORIDA
TALLAHASSEE
and assigned

FILED

The Articles of Organization for this Limited Liability Company were filed on 06/08/12
Florida document number L17000076646

This amendment is submitted to amend the following:

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

Southern Trans Lines LLC

The new name must be distinguishable and contain 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)

204 Racetrack RD NE
Fort Walton Beach, FL
32547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

204 Racetrack RD NE
Fort Walton Beach, FL
32547

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:

Stanislav Nirolor

New Registered Office Address:

204 Racetrack RD NE

Enter Florida street address

FWB

City

Florida

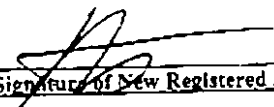
32547

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 605, 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 Authorized Person(s) authorized to manage; enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/04, 2018.

Handwritten signature of Stanislav Nikolov.

Signature of a member or authorized representative of a member

Stanislav Nikolov

Typed or printed name of signee

2018 NOV -9 PM 2: 14
SECRETARY OF STATE
TALLAHASSEE, FL

FILED