

(Rec	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
		MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
	Office Use Or	nly



08/27/12--01044--010 **25.00

FILED[.] 12 AUG 27 PM 4: 4 F AGNOR LE

K. SALY EXAMINER AUG 28 2012

, ⁻)	12 ¹ 1		COVER LETTER		
TO:	Registration Division of C			,	
SUBJI	PCT.	Ame	elia Taxi LLC		
301131			ited Liability Company		
The en	closed Articles	of Amendment and fee(s) are su	ubmitted for filing.		
Please	return all corres	pondence concerning this matte	er to the following:		
		Justin Carroll Name of Person			
			Firm/Company		
			2815 Scrub Jay Lane Address		
			Address		
		Ferr	andina Beach, F.L. 320	34	
			City/State and Zip Code		
		E-mail address:	justincarroll@aol.com (to be used for future annual repor	t notification)	
For fu	rther information	n concerning this matter, please	call:		
	Nam	Justin Carroli e of Person	at (<u>904</u>)Area Code & D	838-9686 Daytime Telephone Number	
Enclos	sed is a check fo	r the following amount:			
₹ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is end	Certificate of Status & Certificate of Status & Closed) Certified Copy (additional copy is enclosed)	
	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle	

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ARTICLES OF A	MENDMENT	
ARTICLES OF OR	GANIZATIO	N FILED
OF	0.11 (12.11110)	12 AUG 27 RH 4: 41
Amelia Tax		MALLAND JF STATE ALLANASSEE, FLORIDA
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	ality Company)	1 our records.)
The Articles of Organization for this Limited Liability Company we	ere filed on	08/16/2012 and assigned
Florida document number L12000105692		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here	
Amelia Transportatio		
The new name must be distinguishable and end with the words "Limited "L.L.C."	•	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,, , , , , , , , <u>, , , , , , , , , , ,</u>	
-		
B. If amending the registered agent and/or registered offic	e 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:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
·	City	Zip Code
New Repistered 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 complete performance of my duties, and I am familiar with and computed for in Chapter 600, 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

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F If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
	· ····		Add Remove
D. If am	ending any other information, ente	er change(s) here: (Attach additional sheets,	if necessary.)
Dated	August 23	Jut Cull	
	Signature of	member or authorized representative of a mem	ber
	<u></u>	Justin Carroll Typed or printed name of signee	
		Page 2 of 2	
		Filing Fee: \$25.00	