L13000/1330

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J. SAULSBERRY EXAMINER FEB **20** 2013

COVER LETTER

TO: Registration S Division of Co		•			
CUDIECT.	Cabbie	s Taxi LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Kim	nberley Heffley			
		Name of Person	_		
	Cabl	oies Taxi LLC			
		Firm/Company			
	3496	Middletown St		.3	
		Address		2013	
	Port Ch	narlotte, FL 339	52	2013 FEB	7
		City/State and Zip Code	i	20	
		elffeh@aol.com to be used for future annual report no	4.00		
, , , 1		, , ,	inication)	PH 12: 02	Ţ.,
For further information	concerning this matter, please c	all:		22	
Kimberley	Heffley	_{at} 941 875-6	746	gu, '	
Name	of Person		me 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	□\$60.00 Filing F Certificate of		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	es Taxi LLC Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on Januar	y 22, 2013	and assi	gned
Florida document number L13000011330	.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
Cabbies T	axi Services LLC			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	the designation "LLC	" or the ab	breviation
Enter new principal offices address, if applicable:		ঘূৰ্ণ ১	_ 2	
(Principal office address MUST BE A STREET ADDR	RESS)	The second secon	3 3	
		TEN TEN	<u>8</u>	F)
			20	g*********
Enter new mailing address, if applicable:		E in	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		į γ	T. Dr
			02	
B. If amending the registered agent and/or regist registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ress here:	ecords, enter the		the new
	City		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 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 Name <u>Title</u> **Address Type of Action** William Heffley 3496 Middletown St **MGRM** Port Charlotte, FL 33952 Remove Remove Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
ated	January 28 2013
	Kli. Jeffley
	Signature of a member or authorized representative of a member
	Kimberley A Heffley
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 FEB 20 PM 12: 0

February 16, 2013

Subject: Cabbies Taxi LLC

Reference Number: L13000011330

My apologies for previously sending the incomplete, unsigned document and have corrected the omission in the enclosed.

Thank You;

Kimberley Heffley

Cabbies Taxi Services LLC

941-391-5090