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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LINKS OD TAXI REPAIR CENTER 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:

Audrey E. Robillard

Name of Person

Links OD Taxi Repair Center LLC

Firm/Company

732 Northwest 8th Avenue

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

drlaw00@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Robillard

Name of Person

954 224-6381

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**

Links OD Taxi Repair Center LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 11, 2013 and assigned
Florida document number L13000053900.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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: Audrey E. Robillard

New Registered Office Address: 732 NW 8th Avenue

Enter Florida street address

Fort Lauderdale

Florida 33311

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.

Audrey E. Robillard
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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Audrey Robillard	7859 NW 11 Street	<input checked="" type="checkbox"/> Add
		Plantation, FI 33322	<input type="checkbox"/> Remove
MGR	Hilda McNichol	2080 Arrow Drive	<input checked="" type="checkbox"/> Add
		Scotch Plains, NJ 07076	<input type="checkbox"/> Remove
mgr	Lincoln Baugh	130 NW 33 Avenue	<input type="checkbox"/> Add
		Lauderhill, FI 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

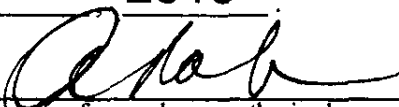
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Add
Remove

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

The initial registered agent Lincoln Baugh is now deceased. He expired on May 26, 2013. Please see attached copy of Death Certificate

Dated June 25, 2013



Signature of a member or authorized representative of a member

Audrey E. Rubillard

Typed or printed name of signee

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Filing Fee: \$25.00