

43000053900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

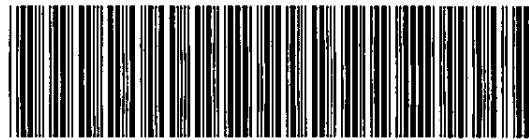
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/07/14--01024--012 \*\*52.50

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TALLAHASSEE FLORIDA  
CLERK OF STATE

OCT 28 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2014

MARIE BAUGH  
9577 NW 28TH STREET  
CORAL SPRINGS, FL 33065

SUBJECT: LINKS OD TAXI REPAIR CENTER LLC  
Ref. Number: L13000053900

We have received your document for LINKS OD TAXI REPAIR CENTER LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 014A00022057

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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:

**MARIE BAUGH**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**9577 NW 28TH STREET**

\_\_\_\_\_  
Address

**CORAL SPRINGS, FL 33065**

\_\_\_\_\_  
City/State and Zip Code

**linksodtaxi@gmail.com**

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

For further information concerning this matter, please call:

**MARIE BAUGH**

**954**

**643-8555**

at ( )

\_\_\_\_\_  
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

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**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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(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:** MARIE BAUGH

**New Registered Office Address:** 9577 NW 28TH STREET

Enter Florida street address

CORAL SPRINGS, **Florida** 33068

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ROBILLARD, AUDREY	7859 NW 11 STREET	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input checked="" type="checkbox"/> Remove
PTD/ <del>AMBR</del>	MCNICHOL, HILDA	826 SKY PINE WAY #D1	<input checked="" type="checkbox"/> Add
		GREENARCES, FL	<input type="checkbox"/> Remove
		33415	
PTD/ <del>AMBR</del>	BAUGH, MARIE	9577 NW 28TH STREET	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL	<input type="checkbox"/> Remove
		33065	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JULIA M. SEEHORN

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 21, 2014



Signature of a member or authorized representative of a member

MARIE BAUGH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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