

L13000062995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

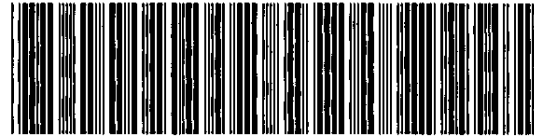
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300253137733

10/28/13--01050--008 **25.00

2013 OCT 28 AM 8:03
FILED
CLERK OF COURT
JANUARY 1, 2014

J. SAULSBERRY
EXAMINER
OCT 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supreme cab Co 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:

Alaina Mcneal

Name of Person

Supreme cab Co LLC

Firm/Company

424 E Central blvd #670

Address

Orlando / FL / 32801

City/State and Zip Code

info@supremecaborlando.com

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

2013 OCT 28 AM 8:03

For further information concerning this matter, please call:

Alaina Mcneal

Name of Person

at (386) 984-7814

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**

Supreme cab orlando
(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 04/30/2013 and assigned
Florida document number L13000062995.

2013 OCT 28 AM 8:13

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)

424 E Central blvd #670
Orlando FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

424 E Central blvd #670
Orlando FL 32801

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:

Alaina McNeal

New Registered Office Address:

424 E Central blvd #670
Enter Florida street address

Orlando, Florida 32801
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.

** Alaina McNeal*

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>
MGR	Bernard Mcneal	2781 babbitt Ave	<input type="checkbox"/> Add
		orlando FL 32833	<input checked="" type="checkbox"/> Remove
MGR	Alaima Mcneal	2781 babbitt Ave	<input type="checkbox"/> Add
		orlando FL 32833	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 OCT 28 PM 4:30

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

Dated _____

Alaina McNeal

Signature of a member or authorized representative of a member

Alaina McNeal

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 28 AM 9:13
FILED
2013