

L13000 139 699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

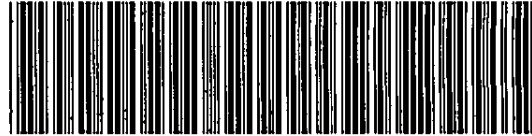
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 04 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUCCA TAXI TRANSPORTATION 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:

MD JUBERI KHAN

Name of Person

LUCCA TAXI TRANSPORTATION LLC

Firm/Company

16433 OKEECHOBEE BLVD

Address

LOXAHATCHEE, FLORIDA 33470-0000

City/State and Zip Code

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

For further information concerning this matter, please call:

MD JUBERI KHAN

Name of Person

at (561)

Area Code

317-0909

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**

LUCCA TAXI TRANSPORTATION 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 10/03/2013 and assigned
Florida document number L13000139699.

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 contain 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)

16433 OKEECHOBEE BLVD
LOXAHATCHEE, FLORIDA 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16433 OKEECHOBEE BLVD
LOXAHATCHEE, FLORIDA 33470

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:

MD JUBERI KHAN

New Registered Office Address:

16433 OKEECHOBEE BLVD

Enter Florida street address

LOXAHATCHEE

City

Florida 33470

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.

MD. Juberi Khan.

If Changing Registered Agent, Signature of New Registered Agent

- If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	MD JUBERI KHAN	16433 OKEECHOBEE BLVD	<input checked="" type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN RAMON PEREZ	604 MIRAMAR LN	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
ITALY AMBASSY
16 APR 2006
AM 11:36

- [illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 21, 2016

Signature of a member or authorized representative of a member

JUAN PEREZ

Typed or printed name of signee

FILED
16 MAR 25 AM 7:36
SECURITY OF STATE
TALLAHASSEE, FLORIDA