

L14000156068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

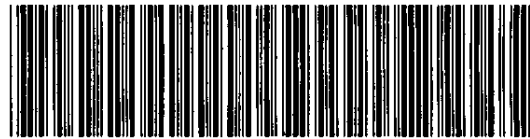
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 NOV 12 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. B. BLY
EXAMINER
NOV 14 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2014

CALL N GO TAXI LLC
MARIA ISAIS
86099 ST. ANDREWS CT.
YULEE, FL 32097

SUBJECT: CALL N GO TAXI LLC
Ref. Number: L14000156068

We have received your document for CALL N GO TAXI LLC and your check(s) totaling \$35.00. 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.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00023197

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

L 14000156068

Name of Limited Liability Company

Call N Gro LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Isaac

Name of Person

Call N Gro

Firm/Company

86099 St Andrew Ct

Address

Yulee FL 32097

City/State and Zip Code

mariaisaac@ymail.com

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

For further information concerning this matter, please call:

Maria Isaac

Name of Person

at (904)

Area Code

335-7067

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

Call N Go Taxi LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-30-2014 and assigned
Florida document number ~~314A00023197~~ *L14000156068

This amendment is submitted to amend the following:

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

Call N Go LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Maria Lsaia
86099 St Andrew ct
Yulee FL 32097

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Maria Lsaia

New Registered Office Address:

86099 St Andrew Ct

Enter Florida street address

Yulee

City

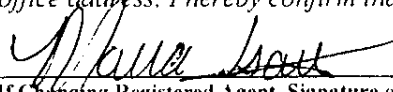
Florida

32097

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>
<u>MGR</u>	<u>Maria Isais</u>	<u>86099 St Andrew Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Yollee FL 32097</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Idella Ross</u>		
	Adel		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Idella Ross</u>		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Jessimino Batta Gonzalez</u>		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

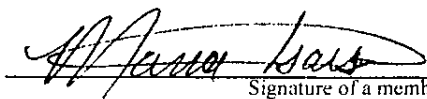
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 01 Nov 2014, _____



Signature of a member or authorized representative of a member

Maria Isaïs

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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