11400 168509

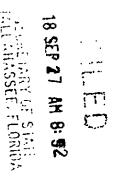
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
more tou
AL 9-27-18

Office Use Only



200317413802

08/22/18--01009--023 **43.75





August 28, 2018

JONATHAN HEROLD-AUGUSTIN 1616 N. FLORIDA MANGO SUITE C2 WEST PALM BEACH, FL 33409

SUBJECT: GLOBAL TAXI, LLC Ref. Number: L14000168509

We have received your document for GLOBAL TAXI, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Letter Number: 418A00017904

Agnes Lunt Regulatory Specialist III

www.sunbiz.org

COVER LETTER

·ILED

Division of Cor	porations		10.00
SUBJECT:	Global Name of Lim	TAXI, LLC ited Liability Company	18 SEP 27 AM 8: 92
The enclosed Articles of .	Amendment and fee(s) are sub		-3/11()
Please return all correspo	ndence concerning this matter	to the following:	
	JONATHAN	Nume of Person	rold
	Global	TAXI, LLC Firm/Company	
	1616 Florida	MANGO STE C	2
		BEACH, PL 330 City/State and Zip Code	
	Taxid yourglobal E-mail address: (WEEKS OGHALL COP to be used for future annual report notific	ation)
For further information co	oncerning this matter, please co	all:	
Raymond	Venelus	at (561) 398 - Area Code Daytine	7442
, same o	reison	Area Code Daytine	retephone stander
Enclosed is a check for th	ne 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

LEC

Global Taxi; LLC

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

18 SEP 27 AM 8: 92

The Articles of Organization for this Limited Liability Company	were filed on <u><i>Oc</i></u>	T 29, 2014 and assigned	
Florida document number <u>L1400168509</u> .		• •	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the desig	nation "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 of registered agent and/or the new registered office address here		ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fiorida street address		
	. Florida Zip Code		
N. D. C. L. C.	Сиу	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my	duties, and Lam familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Name Address Type of Action West PAH BEACH, FL 33409 TRUST DFA MGR ☐ Remove _□ Change GUERLINE VENELUS RAYMOND 1616 N Florida HANGO STE CO - Add MGR West Palm BEAch, Fl 33409 _□ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add □ Remove

Change

Title:	MGR			LEU
	DLV TRUST			18 SEP 27 AM 8: 5
	1616 N Flor	IdA MANÇO S	Te C2	- TOBE PART OF STATE
	WEST PAIM	BEACH, FL 3	3409	
				
			•	
				
				
				
If an effective date is listed, <u>Note:</u> If the date inserte		d cannot be prior to date of filing meet the applicable statutory (filling.) Pursuant to 605.0207 (3)(
The 90th day afte	er the record is filed.			.m. on the earlier of:
Dated SEP	18	2018		
	Raymus	2018 VeneL member of diffiorized represents		
	Figurature of a	member or authorized represent	ilive of a memoer	

Page 3 of 3

Filing Fee: \$25.00