

L16000008302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

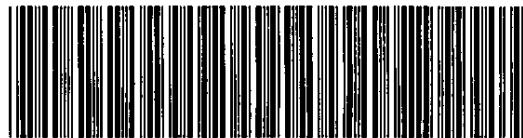
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER

SEP - 6

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRIMO CAB, 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:

TOMAS MARTINEZ

Name of Person

PRIMO CAB, LLC

Firm/Company

3010 S WOODLAND BLVD.

Address

DELAND, FL 32720

City/State and Zip Code

PRIMOTAXIFL@AOL.COM

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

For further information concerning this matter, please call:

TOMAS MARTINEZ

Name of Person

386
at ()
Area Code

500-8514
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRIMO CAB, 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 01/12/201 and assigned
Florida document number L16000008302

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:

3010 S WOODLAND BLVD.

(Principal office address MUST BE A STREET ADDRESS)

DELAND, FL 32720

Enter new mailing address, if applicable:

3010 S WOODLAND BLVD.

(Mailing address MAY BE A POST OFFICE BOX)

DELAND, FL 32720

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: _____

New Registered Office Address: _____

Enter Florida street address

City

_____, Florida

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.

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2016 AUG 31 PM 5:02
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TALLAHASSEE, FL 32399

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	TINA DARWISH	176 LARCHMONT DR	<input type="checkbox"/> Add
		DELTONA, FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	NICOLE BIDDIX	176 LARCHMONT DR.	<input type="checkbox"/> Add
		DELTONA, FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	TOMAS MARTINEZ	1795 HOLLY BLVD	<input type="checkbox"/> Add
		DELAND, FL 32720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOMAS MARTINEZ	3010 S WOODLAND BLVD.	<input checked="" type="checkbox"/> Add
		DELAND, FL 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

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

[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)

TOMAS MARTINEZ