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SECRELARY OF STATE
ALLAHASSEE, FLORID .

COVER LETTER

TO:	Registration Division of	n Section Corporations		•		
SUBJE	СТ: _		Duran's	Taxi LLC ited Liability Company		
			Name of Lim	ited Liability Company		
The enc	closed Articles	s of Amendment	and fee(s) are sub	mitted for filing.		
			erning this matter	_		
			René	E Duran		
			Durans	Name of Person Jai LLC Firm/Company		
			725 (Cadillac Black	d	
			Kissim	city/State and Zip Code	34741	
				493 amail.		
For furt	her information	on concerning th	is matter, please ca	\mathcal{L}		
	René	E. Du	ran	at (<u>407)</u> Area Code	202 -	4059
	Nan	ne of Person		Area Code	Daytime Te	lephone Number
		or the following	amount:			
5 \$25	5.00 Filing Fee		Filing Fee & ficate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	AILING ADDR gistration Section vision of Corpora D. Box 6327 lahassee, FL 323	n ations	Registrati Division Clifton B 2661 Exe	C/COURIER ion Section of Corporatio uilding cutive Center ee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	•		
Duran's To	axi LLC		
(Name of the Limited Liability Comp		our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>Fel</u>	bruary 24, 2016	_and assigned
Florida document number <u>L 16 0000 41151</u> .) ' '	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the design	nation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		79	
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		22.5	
		<u>ې جې جې جې جې جې چې چې</u>	; ·)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	<u> </u>
.		710	0.4
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r records, enter the	name of the new
	<u></u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	street address	
	27767 - 197 1986 19		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	,	•	- E
The state of the s			

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 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 **Type of Action Address Title Name** Rene Duran-Sancher 20098 SW 175th Que Add ☐ Change ☐ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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ective date, if other than the effective date is listed, the date muse: If the date inserted in this bl	t be specific and cannot be prior to	date of filing or more than 90	days after filing.) Pursuant to (605.02
ument's effective date on the D		ne statutory ming requiren	ients, this date will not be i	isicu i
record specifies a delayed he 90th day after the rec		an effective time, at	12:01 a.m. on the ea	rlier
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Page 3 of 3

Filing Fee: \$25.00