

L16 0000 42752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

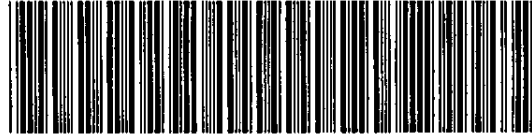
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APR 13 2016

J SHIVERS

## TAXIMETA LLC

Page 1 of 3

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	ES IT EVOLUTION LLC	17070 COLLINS AVE STE 260	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TM PROJECT INC	17500 N BAY RD 404	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGM	SERGEY SLASTIKHIN	17070 COLLINS AVE STE 260	<input type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFFICER	SERGEY SLASTIKHIN	17070 COLLINS AVE STE 260	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAXIMETA 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:

SERGEY SLASTIKHIN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17070 COLLINS AVE STE 260

\_\_\_\_\_  
Address

SUNNY ISLES BEACH FL 33160

\_\_\_\_\_  
City/State and Zip Code

SALATSV@GMAIL.COM

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

For further information concerning this matter, please call:

SERGEY SLASTIKHIN

786 202-7766  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

16 APR 1961  
SECRETARY OF COMMERCE  
WASHINGTON, D.C.

16 APR 72 AM 7:53  
SECRETARY OF STATE  
WASHINGTON, D.C.  
DEPT. OF STATE

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7 APRIL, 2016

SERGEY SLASTIKHIN

Typed or printed name of signee