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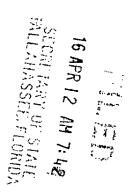
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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APR 13 2016 J SHIVERS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAXIMETA LLC				
(Name of the Limited Liability C (A Florida Lin	company as it now appears on our mited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on 02/29/2016 and assign and assign document number L16000042352				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l 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:		Thind		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	三		
		S = 20 (1)		
Enter new mailing address, if applicable:		SSS S Immen		
(Mailing address MAY BE A POST OFFICE BOX)		19 3 17		
		S : 1		
		EE R		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our re <u>s here</u> :	cords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
		_, Florida		
	City	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 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>	Type of Action
MGR	ES IT EVOLUTION LLC	17070 COLLINS AVE STE 260	Add
		SUNNY ISLES BEACH FL 33160	☐ Remove
			☐ Change
MGR	TM PROJECT INC	17500 N BAY RD 404	Add
		SUNNY ISLES BEACH FL 33160	Remove
			Change
MGM	SERGEY SLASTIKHIN	17070 COLLINS AVE STE 260	
		SUNNY ISLES BEACH FL 33160	■ Remove
			☐ Change
OFFICER	SERGEY SLASTIKHIN	17070 COLLINS AVE STE 260	
		SUNNY ISLES BEACH FL 33160	□ Remove
			☐ Change
		-	□ Add
			Remove
			Change
			Remove
			□ Change

COVER LETTER

Div	rision of Cor	porations		
CHR IFCT.		A LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		SERGEY SLASTIKHIN		
	Particles of Amendment and fee(s) are submitted for filing. See 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) further information concerning this matter, please call: GEY SLASTIKHIN Name of Person 786 202-7766 Area Code Daytime Telephone Number			
			Firm/Company	
		17070 COLLINS AVE ST	E 260	
			Address	
		SUNNY ISLES BEACH F	EL 33160	
			City/State and Zip Code	
		-		
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation c	oncerning this matter, please co	all:	
SERGEY S	LASTIKHIN		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fce & 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)
	36.44	INC ADDRESS.	CTDEET/COUDIN	en apprece.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ctive date, if oth	ner than the date o	04.07.3	2016		(optional)	•
effective date is liste e: If the date inse	ed, the date must be spec rted in this block dood date on the Departme	eific and cannot be as not meet the a	pplicable statutor	ng or more than 90 day	s after filing.) Pur	rsuant to 605.02 not be listed
	s a delayed effecter the record is		t not an effec	tive time, at 12	:01 a.m. on	the earlier
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Filing Fee: \$25.00