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COVER LETTER

TO: Registration Se Division of Cor			
	D TAXI AUTO REPAIR 🕒	ـ د	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AUGUSTE SAINTVIL		
		Name of Person	
	BROWARD TAXI AUTO	REPAIR	
		Firm/Company	
	2106 N DIXIE HWY		
		Address	
	HOLLYWOOD, FL 3302	0	
	A ID DODTA VIODELI COI	City/State and Zip Code	
	AIRPORTAXI@BELLSO	JIH.NE I to be used for future annual report notification)	20 11.4
For further information c	oncerning this matter, please c	•	,
AUGUSTE SAINTVIL		786 351-4597	
Name o	f Person	Area Code Daytime Telephone N	السber السالة
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632	,	The Centre of Tallahassee	
Tallahassee, I	TL 32314	2415 N. Monroe Street, St Tallahassee, FL 32303	ліс 810

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

BROWARD TAXI AUTO REPAIR LLC

	TICLES OF AMENDMENT	
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ART	TICLES OF ORGANIZATION	70
	OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BROWARD TAXI AUTO REPA		<i>∽</i> 2
(Name of the Lim	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	coras.)
The Articles of Organization for this Limited I	Liability Company were filed on APRIL 10, 20	ر ک D20 and assigned
<u>-</u>		and assigned
lorida document number L16000177399		
his amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		
nter new mailing address if annicables		
	<u> </u>	
	<u> </u>	
	<u> </u>	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, er	iter the name of the new register
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, er	iter the name of the new register
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, <u>er</u> <u>ess here</u> :	iter the name of the new register
Mailing address MAY BE A POST OFFICE	registered office address on our records, er	iter the name of the new register
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>er</u> <u>ess here</u> :	iter the name of the new register
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address	registered office address on our records, <u>er</u> ess here: PAULETTE SAINTVIL	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, eness here: PAULETTE SAINTVIL 2106 N DIXIE HWY	ldress
Name of New Registered Agent:	registered office address on our records, eress here: PAULETTE SAINTVIL 2106 N DIXIE HWY Enter Florida street ac	

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 X.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

ar 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	<u>Name</u>	Address	Type of Action
PRES	AUGUSTE SAINTVIL	2106 N DIXIE HWY	• Add
		HOLLYWOOD, FL 33020	□Remove
			□Change
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ective date, if other than the effective date is listed, the date mite: If the date inserted in this burnent's effective date on the limited and the limited are selected.	ast be specific and ca block does not mee	mnot be prior to c et the applicable	late of filing or n		ifter filing.) Pursuar	
cord specifies a delayed effecti s filed.	ve date, but not an	effective time	, at 12:01 a.m.	on the earlier of	: (b) The 90th d	ay after the
ed MAY 22	· · .	2020	٠ ۾			
1/2 11-11	10	0011	1./			
41/1/0/1/	Machini	was	1/ _			
1 July	Signature of a mer	mber or authoriz	ed representative	of a member		