L17000016857

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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MAR 03 2017 J. HARRIS

COVER LETTER

Registration Securities of Corp			
SUBJECT: Q	QX1 Cab	LL C ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Owin V	Mane of Person	
		Firm/Company	
	13548 Turt	le Marsh loop	AT413
	Orlando 1	FL 32837 City/State and Zip Code Gmails Com.	
	OWIN 765 E-mail address: (1	9mails Com. o be used for future annual report notifi	cation;
rer further information co	oncerning this matter, please ca	dl:	
Owin V	Person	at (<u>407</u>) <u>473</u> — Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
2 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

QTAXI CAB LLC

(Name of the Limited Liability Comp	pany as it now appears I Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000016857</u> .		1/23/2017 and ass	igned
This amendment is submitted to amend the following:			
A If amending name, enter the new name of the limited liab Sedan Serv LLC The new name must be distinguishable and contain the words "Limited Liab	•		L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		3	- ()
	_		<u> </u>
Enter new mailing address, if applicable:		2 PH 2	N PORTO
(Mailing address MAY BE A POST OFFICE BOX)		20	AA GH
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter the name of	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
· · · · · · · · · · · · · · · · · · ·		, Florida	<u> </u>
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00