

18000203609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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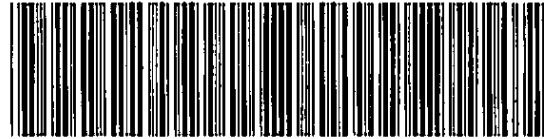
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

D BRUCE
SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uber 40 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:

EMIL HAKIM
Name of Person

Firm/Company

1744 GRAND RUE DR
Address

CASSELBERRY, FL 32707
City/State and Zip Code

PICK AND TRIP 12 @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMIL HAKIM at (407) 463-3730
Name of Person Area Code Daytime Telephone Number

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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

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

UBER HO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August, 30, 2018 and assigned Florida document number L18000203609.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAB PICK AND TRIP LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1744 GRAND AVE DR
CASSELBERRY, FL 32707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Type of Action</u>
AMGR	EMIL HAKIM	1744 GRAND RUE DR	<input type="checkbox"/> Add
		CASSEIBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IMAN HAKIM	1744 GRAND RUE DR	<input type="checkbox"/> Add
		CASSEIBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MINA HAKIM	1744 GRAND RUE DR	<input type="checkbox"/> Add
		CASSEIBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CASSIBERRY, FL 32707

