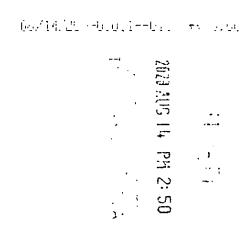
## L19000022856

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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

	egistration Sivision of Co.				
SUBTRAT	BEST TAX	XI/LIMQ IN TOWN LLC		·	
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	rn all correspo	ondence concerning this matter	to the following:		
		MOHAMMAD MEMON			
			Name of Person	<del>-</del>	
		BEST LMO IN TOWN, LI	LC		
			Firm/Company		
		14247 NW 18th Place		~ · ·	21
			Address		026 !
		PEMBROKE PINES FL 33	3028	· · ·	2026 AUR 14 PM
			City/State and Zip Code	<del></del>	= .
		E		<u> </u>	
For firehani	C		o be used for future annual report noti	ification)	2: 50
		oncerning this matter, please ca	ill:	٠,٠	$\Box$
MOHAMN	IAD MEMOI	N	954 554-1413 at ( )		
	Name of	Person		e Telephone Number	<del></del>
Enclosed is a	a check for th	e following amount:			
□ \$25.00 ł		☐ \$30.00 Filing Fee &	₹ \$55.00 Filing Fee &	☐ \$60.00 Filing	Fee.
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Cop (additional copy	f Status &
	iling Address		Street Address:		
	rision of Co		Registration Sec Division of Con		

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST TAXI / LIMO IN TOWN 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 11/16/2014 \_\_\_\_\_ and assigned Florida document number L19000022856 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEST LIMO IN TOWN, 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) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) Cn 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: N/A Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

\_. Florida \_

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>	Name	Address		Type of Action
		N'/A		
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