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COVER LETTER

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	IDZ TAX	1			10/10
SUBJECT: _		Name of Lim	ited Liability Company		<i>'</i>
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	_		
		TRAVIA THOMPSON			
			Name of Person		
		KIDZ TAXI			
			Firm/Company	 -	
		7971 RIVIERA BLVD SU	ITE 329		
			Address		
		MIRAMAR, FL 33025			
		TENEGA@ICLOUD.COM	City/State and Zip Code		
		E-mail address: (to be used for future annual repo	rt notification)	
For further info	imation co	encerning this matter, please e	ill:		
TRAVIA THO	MPSON		954 629-00 at ()	26	
	Name of	f Person	Area Code D	aytime Telephone Number	
linclosed is a cl	neck for th	ne following amount:			
国 \$25.00 Fili:	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed		e of Status & Copy
	Registr	ING ADDRESS: ation Section	STILET/CO Registration !	OURIER ADDRESS: Section	
	. Amin	sace, FL 33 v. 4	u (v. 1918). Taliabusee, i	FD 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIDZ TAXI

continued to be modified the riting of this change,

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

	(A rionda Limited Liabili	ty Company)	7.
The Articles of Organization for this Limited I Florida document number L19000270792	Liability Company were	e filed on 10/29/201	9 and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
-	_		
B. If amending the registered agent and registered agent and/or the new registered of		address on our	records, enter the name of the nev
Name of New Registered Agent:	TRAVIA THOMPS	NO	
New Registered Office Address:		nater Florida	e miliosa
			, Florida
		City	Zip Code
New Register, d. Vront's Signature, if changing	Registered Agent:		
Thereighteeps the appointment as register provisions of all statutes relative to the projection.	•	•	

It Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
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f an effec <u>Note:</u> If	e date, if other than the d tive date is listed, the date must be the date inserted in this blee at's effective date on the Dep	se specific and cannot be prick does not meet the app	licable statutory filling rec	(optional) han 90 days after filing.) Pursua quirements, this date will no	int to 605,0207 (it be listed as t
	rd specifies a delayed of the record of the		not an effective time	, at 12:0 1 a.m . on the	e earlier of:
Nated N	OVEMBER 15	2019			
	 	1 M	,		