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PICK-UP	☐ WAIT	MAIL
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	N EAGLE TAXI SERVICE LL	c ·	·· •
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	VINEL MASSON		
	<u> </u>	Name of Person	
	AMERICAN EAGLE TAX	I SERVICE LLC	
	<u></u>	Firm/Company	
	722 GENOA AVENUE S		
		Address	
	LEHIGH ACRES, FL 3397	4	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	VNELMASSON76@GMA1		
	E-mail address: (t	o be used for future annual report n	otification)
For further information of	concerning this matter, please ca	II:	
VINEL MASSON		239 410-2548	
Name o	f Person		ime Telephone Number
Enclosed is a check for t	he 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
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	Section
Division of C		Division of C	

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

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

AMERICAN EAGLE TAXI SERVICE LLC

2026 1 25 70:10:21

(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 I	lability Company	were filed on $\frac{05/12/20}{}$	20 and assi
Florida document number L20000127677			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa-	tion "LLC" or the abbreviation "L.I
Enter new principal offices address, if appli	cable:	722 GENOA AVENU	JE S
(Principal office address MUST BE A STRE)		LEHIGH ACRES, FL	33974
			
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE	BOX)	<u>.</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	4	address on our record	s, <u>enter the name of the new</u>
Name of New Registered Agent:	VINEL MASS	ON	
New Registered Office Address:	722 GENOA A	VENUE S.	
		Enter Florida str	eet address
	LEHIGH ACR	ES	, Florida 33974
		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 comparovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	VINEL MASSON	722 GENOA AVENUE S LEHIGH ACRES. FL	🗏 Add
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fan effecti <u>Sote:</u> If t	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60; he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.
l is filed.	
ated	56-18-2020
	Signature of a member of authorized representative of a member
	VINEL MASSON
	Typed or printed name of signee

Filing Fee: \$25.00