

L20 000 232 463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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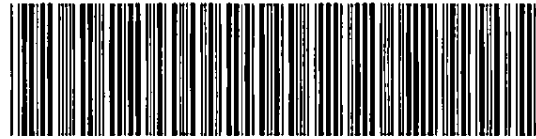
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAXI 'XPRESS 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:

RICARDO JAVIER CARCAMO RAMIREZ

Name of Person

TAXI 'XPRESS LLC

Firm/Company

20260 NE 3RD CT APT 3

Address

MIAMI, FLORIDA 33179

City/State and Zip Code

iprcarcamo@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO J CARCAMO

305

988 5554

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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 Address:

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

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

TAXI XPRESS 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 08/03/2020 and assigned
Florida document number L20000232463.

This amendment is submitted to amend the following:

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

TAXI XPRESS 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:

(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: RICARDO J CARCAMO

New Registered Office Address: 20260 NE 3RD CT APT 3

Enter Florida street address

MIAMI

City

Florida 33179

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> |
|--------------|----------------------|-----------------------|--|
| AMBR | AURA E BRAVO | 20260 NE 3RD CT APT 3 | <input type="checkbox"/> Add |
| | | MIAMI | <input checked="" type="checkbox"/> Remove |
| | | FLORIDA 33179 | <input type="checkbox"/> Change |
| AMBR | RICARDO J CARCAMO | 20260 NE 3RD CT APT 3 | <input checked="" type="checkbox"/> Add |
| | | MIAMI | <input type="checkbox"/> Remove |
| | | FLORIDA 33179 | <input type="checkbox"/> Change |
| MGR | RICARDO J CARCAMO | 20260 NE 3RD CT APT 3 | <input type="checkbox"/> Add |
| | | MIAMI | <input checked="" type="checkbox"/> Remove |
| | | FLORIDA 33179 | <input type="checkbox"/> Change |
| AMBR | ANDREW M IULIANELLI | 16277 SW 20TH ST | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR | <input type="checkbox"/> Remove |
| | | FLORIDA 33027 | <input type="checkbox"/> Change |
| MGR | KEYTER J PINA ROMERO | 13675 NE 20TH PL | <input checked="" type="checkbox"/> Add |
| | | NORTH MIAMI BEACH | <input type="checkbox"/> Remove |
| | | FLORIDA 33181 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 20, 2020

RICARDO JAVIER CARCAMO RAMIREZ

Typed or printed name of signee