## h22000295270

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	ration Secon of Corp			
		TAXE LLC	, <del>,</del>	,
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed A	rticles of 2	Amendment and fee(s) are sub	omitted for filing.	
Pfease return all	l correspoi	ndence concerning this matter	to the following:	
		AUGUSTE SAINTVIL		
		<u></u>	Name of Person	
MIRAMAR TAXI, LLC				
Firm:Company				<b>6</b> 2
	2106 N DIXIE HWY			
			Address	F-1
		HOLLYWOOD, FL 3302	0	Ç.,
		AIRPORTAXI@BELLSO		(i)
For firther info	emativn co	E-mail address: ( succerning this matter, please c	to be used for future annual report no	enneation) ==
AUGUSTE SA		neering this matter, prease t	786 351-4597	
	Name of	Person	at () Area Code Dayti	me Telephone Number
linelosed is a ch	eck for the	e following amount:		
© \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	So0.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Co	orporations	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monr	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRAMAR TAXL LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	iy as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number $\frac{1.22000295270}{1.22000295270}$ .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		292
		<u> </u>
		(5.5 (4.1)
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		 ———————————————————————————————————
		ယ္
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the n</u> a	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance of my duties, and I are covided for in Chapter 605, F.S. C	n familiar with and Fr. if this document is

If ansending 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
MGR	AUGUSTE SAINTVIL	2106 N DINHE HWY	<b>__</b> _ <b>_</b> _ <b>_</b> _ <b>_</b> _ <b>_</b> Add
		HOLLYWOOD, FL 33020	= Remove
			Change
			(일 ) <b>ご</b> Add (
			[:: ] 是 是Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Dated \_\_\_\_\_ Signature of a member or authorized representative of a member AUGUSTE SAINTVIL

Typed or printed name of signee