## K14 COC 161042

(Reque	estor's Name)	
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DIVISION OF CONTURALION

T. MATTHEWS

JUL 26 2022

## COVER LETTER

	gistration Secti vision of Corpo				
SUBJECT:	Sobe Ride Re	ntal, LLC			
SCB020011		Name of Limi	ted Liability Company	4 navy v 4	
The enclosed	d Articles of An	nendment and fee(s) are subr	mitted for filing.		
Please return	all correspond	ence concerning this matter t	to the following:		
		Courtney Triggs			
			Name of Person		
		Sobe Ride Rental, LLC			
			Firm/Company		
		1800 Collins Avenue, Suite	: C		
			Address		
		Miami Beach, FL 33139			
			City/State and Zip Code		
	-	ctriggsmedia@gmail.com			
		E-mail address: (to	o be used for future annual rep	oort notification)	
For further ir	nformation cond	cerning this matter, please ca	11:		
Courtney Tr	iggs		925 250-3 at ( )	3116	
	Name of Pe	erson	Area Code	Daytime Telephor	ne Number
Enclosed is a	check for the f	ollowing amount:			
□ \$25.00 F	iling 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO STATE ARTICLES OF ORGANIZATION OF CORPORATION OF 22 MAY 23 PM 2: 46

Sobe Ride Rental, 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 10/15/2014 and assigned Florida document number L14000161042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Not Applicable The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L4.C." Not Applicable Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Not Applicable 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: Courtney Triggs Name of New Registered Agent: 1800 Collins Avenue, Suite C New Registered Office Address: Enter Florida street address

## 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.

Miami Beach

f 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>	Address	Type of Action
AMBR	Courtney Triggs	1800 Collins Avenue, Suite C, Miami Beach, FL 33	
			□Remove
AMBR	Ramon Gayles	1800 Collins Avenue, Suite C, Miami Beach, FL 33	C
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			□Change
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