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2022 SEP 26 PH 2: 21 SECRETARY OF LIGHT

COVER LETTER

Tallahassee, FL 32314

	stration Sec sion of Corp				
SUBJECT:	RI	DEES 22C			
SUBJECT: _	<u> </u>		ited Liability Company		
The enclosed	Articles of z	Amendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspor	ndence concerning this matter	to the following:		
		PEDEO (O. VEYES Name of Person		_
			Name of Person		
		RIDER	ES LLC		707 SE
			Firm/Company		PAR TY
		8013 ATLA	UTIC PUFFIN S	Τ	TO22 SEP 26 PH 2: 21 SECRETARY OF STATE TALL AND SSEEL FL
			Address		SSE PH
		WINTER GA	City/State and Zip Code	7	TO 22
					产品 2
		FeTer K69200 E-mail address: (1	03 C JA HOO · CO 1 to be used for future annual report notifi	ication)	
For further inf	formation co	oncerning this matter, please ca	all:		
PE ON	20 O.	REYES	at (407) 346 - Area Code Daytime	8184	
	Name of	rerson	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
ઇ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	ing Address		Street Address:	tion	
Registration Section Division of Corporations		Registration Sec Division of Con			
P.O. Box 6327		-	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIDEES	240		•
(Name of the Limited)	Liability Company as it now Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Liabi	• •	on 11/22/26	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability comp	any here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company	/," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		20 7
(Principal office address MUST BE A STREET A	ADDRESS)		2 SEP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 		ANASSEL F
B. If amending the registered agent and/or regi		our records, enter the	name of the new registered
Name of New Registered Agent:	JOSE T.	GARDEN	
New Registered Office Address:	En	ster Florida street address	
-	Cin	, Florid	aZip Code
	2.17		make a second

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>	Address	Type of Action
MGR	JOSE T. GARDEN	5773 TAMARACK ON ORLANDIFE	32819 [BAdd
			□ Remove
			□Change
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			□Remove
		TALLASSEE	Change DAdd DAdd DAdd Change Change
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	·· <i>,</i>		
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	80 20/ 2.22	141	22	
ote:	ve date, if other than the date of filing: 09-30/2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	.) Pursuant		
recor i is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thed.	ie 90th da	ıy after	r the
ated	09/07/2022			
	Signature of a/member or authorized representative of a member			
	PEORO O. REYES			

Filing Fee: \$25.00