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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

CAID ICCYD	Rides and Services LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria L. Rivera		
		Name of Person	
	Chaparritas Rides and Serv	rices LLC	
		Firm/Company	
	3772 Mil Race et		
		Address	
	Greenacres FI 3363		
		City/State and Zip Code	
	chaparritasservices@gmail.	com to be used for future annual report noti	Continu
For further information c	oncerning this matter, please co	,	nearion)
Maria L Rivera		561 768-2515	
Name o	f Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chaparritas Rides and Services LLC

company has been notified in writing of this change.

7021 27 11:26

(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 Florida document number <u>L20000066787</u>		n <u>02/28/2020</u>	and assigned
riorida document number ==	'		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compar	ıv here:	
Chaparritas Services LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		·
B. If amending the registered agent and/or agent and/or the new registered office addresses		ur records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	Maria I. Rivera		
New Registered Office Address:	3772 Mil Race et		
	Enter	r Florida street address	
	Greenacres	, Florida ³³⁴⁶	53
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to act in t	his capacity. I further agre	re to comply with

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

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria L. Rivera	3772 Mil Race et Greenacres FI, 33463	≅Add
			□Remove
			Change
	·····		□Add
			□Remove
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<u>Note</u>	tive date, if other than the date of filing:
f the reco ecord is	ord 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 filed.
Date	- Una S. Reus
	- Unio J Reconstructive of a member of authorized representative of a member
	Maria L. Rivera
	Typed or printed name of signee