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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:						
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COVER LETTER

TO:	Registration So Division of Co				,•		
SUBJECT: EASY RIDE LLC							
SUBJECT: EAST RIDE LLC Name of Limited Liability Company							
		Amendment and fee(s) are su					
Please	return all correspo	ondence concerning this matte	r to the followin	ng:			
		N	MARTIN H. M	·····			
			Name of	Person			
			EASY RII			-,,, -,,,,,,,-,	
			Firm/Co	mpany			
	4003 N. HIGHWAY 231						
			Addre	ess			
		PA	NAMA CITY	r, FL 32404			
			City/State and				
		mtm	wholesale@	hotmail.com	atitiantian)		
For fur	ther information c	concerning this matter, please		ure annuar report r	ouncation		
		in H. Murdock	at (_8		819-5		
	Name o	f Person		Area Code & Day	time Teleph	none Number	
Enclose	ed is a check for the	ne following amount:					
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certifie	iling Fee & ed Copy onal copy is enclo	esed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314		STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	ction porations g : Center Cir		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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TALLAHASSEE, EL ODDO

TOTAL

EASY RIDE 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 Liab	ility Company were filed on	April 6, 2007	and assigned
Florida document numberL070000368	<u>16 </u>		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	ere:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Com	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	-	our records, enter th	e name of the new
New Registered Office Address:			
THE ANGESTING CATE AND LOSS.	Enter Florida street address , Florida		
	City		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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	TAMMY K. MURDOCK	4205 De Len Drive Panama City, FL 32404	☐ Add ✓ Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ry.)
		÷.	TI DEC 14
	December 9	2011	AM II: 41
	-	befor authorized representative of a member	
	Тур	Martin H. Murdock ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00