

L08000088779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

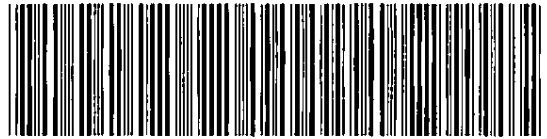
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/24--01030--001 **35.00

FILED
2024 NOV 12 AM 8:43
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U-DRIVE SAFE LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN E. SULLIVAN
Name of Person

U-DRIVE SAFE LLC.
Firm/Company

3779 MISTY WAY
Address

DESTIN FL 32541
City/State and Zip Code

udrivesafe@yaho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN E. SULLIVAN at (850) 687-7192
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2024

IAN E. SULLIVAN
3779 MISTY WAY
DESTIN, FL 32541

SUBJECT: U-DRIVE SAFE, LLC
Ref. Number: L08000088779

We have received your document for U-DRIVE SAFE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

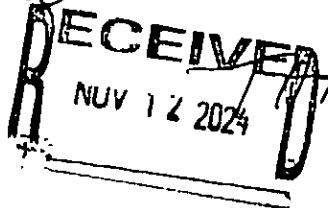
If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 124A00022966

11/7/2024

TO) ENCLOSED CORRECT FORM.



THANK YOU!

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

U-DRIVE SAFE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2024 NOV 12 AM 8:43

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Sept. 18, 2008 and assigned
Florida document number L 08000088779

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

Name of New Registered Agent:

IAN E. SULLIVAN

New Registered Office Address:

3779 MISTY WAY

Enter Florida street address

DESTIN

City

FLORIDA 32541

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 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.

Ian E. Sullivan

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

[illegible]

2024 NOV 12 AM 8:43
TALLAHASSEE, FLORIDA

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2024 NOV 12 AM 8:43
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

James P. Sullivan
Signature of a member or authorized representative of a member

IAN E. SULLIVAN
Typed or printed name of signer

Filing Fee: \$25.00