L09000	089198
(Requestor's Name) (Address) . (Address)	600161445496
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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N. Caligan OCT 1 2 2009

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	e. 4 4 4		COVER LETTER		
TO:	Registration S Division of Co				
SUBJECT: Ryde			e Tyme LLC	·	
		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Terry J Howard		
			Name of Person		
			Ryde Tyme LLC		
			Firm/Company		
			13630 E Hwy 25		
			Address		
		(Ocklawaha, FL 32179		
			City/State and Zip Code		
		ryde	tyme@embarqmail.co	om ort notification)	
For fur	ther information	concerning this matter, please of		,	
	•				
		erry Howard	at (<u>352</u>)	288-64 Daytime Telepho	
	inanic	of refson	Area Code &	Daytime Telepho	ne number
Sneloce	ad is a shook for t	he following amount:	*		
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e		\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of Clifton Bui	Corporations ding tive Center Circ	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 09 OCT -9 AM 10: 34

SECRETARY OF STATE Ryde Tyme LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/15/2009 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000089198 Florida document number 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 end with 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 uddress 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:

New Registered Office Address:		
How Registered Office Address.	Enter Florida street address	
		Florida

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Preside	Terry J Howard	13825 Hwy 25 Ocklawaba, Fl 32183	∕ Add Remove
			Add Remove
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D If amendi		ange(s) here: (Attach additional sharts if necessary)	Add Remove
. It amenun 		ange(s) here: (Attach additional sheets, if necessary.)	FILED OCT -9 ANIO: 34 CRETARY OF STATE
	· · · · · · · · · · · · · · · · · · ·		34
Dated	October 7	2009 Deral	
	Signature of a men	fiber or authorized representative of a member	
	T	Terry J Howard ped or printed name of signee	
	ſÿ	Page 2 of 2	
		Filing Fee: \$25.00	