L15000085490

(Red	questor's Name)	•
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FIRRING

JUN - 1 2015

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COVER LETTER

Division of Co	rporations	•	
Jay Rides SUBJECT:	LLC	*	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	James Balelo		
		Name of Person	
	Jay Rides		
		Firm/Company	
	255 Marion Street		
		Address	The state of the s
	Indian Harbour Beach, FL	, 32937	
		City/State and Zip Code	
	jayzippy@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
James balelo		321 9170159 at ()	
Name (of Person	Arca Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.)

Jay Rides 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	Liability Company were filed on 5/	14/15 and assigned
Florida document number L15000085490	*	
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable: 255 Marion Str	reet, Indian harbour Beach, FL, 32937
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered		n our records, enter the name of the new
Name of New Registered Agent:	James Balelo	
New Registered Office Address:	255 Marion Street	
	Enter Flo	rıda street address
	Indian Harbour Beach	, Florida ³²⁹³⁷
	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 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>	<u>Address</u>	Type of Action
MGR	Claire R Elam		
		150 Columbia Lane, Cocoa Beach,	■ Remove
		·	Change
MGR	James Balelo	255 Marion Street	= Add
		Indian Harbour Beach, FC 32937	Remove
		- Julie 1	Change
			□ Add
			Remove
			Change
			Remove
			Change

			□ Remove
		•	Change
 		 	
			Remove
			Change

ffective date, if other than the date of filing:		
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Signature of a member or authorized representative of a member	ted	5/26/15 2015 Com Blow M
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Page 3 of 3

Filing Fee: \$25.00