116000001009

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2017 APR 12 PM 1: 38
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K. SALY APR 13 2017

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: All F	Name of Limite	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	ice concerning this matter to	the following:	
	Lisa	JACLETT Name of Person	
	A11 Ride	Auto IIC.	
-	1700 S HAT	DOF C, Ty Address	Blud
-	MEIBO	City/State and Zip Code All Cide auto be used for future annual rep	orida 32901
-	info@ C E-mail address: (to	an ride aution be used for future annual rep	ort notification)
For further information conce			
LiSA JAC Name of Per	rett	at (<u>321</u>) Area Code	759 2424 Daytime Telephone Number
Enclosed is a check for the for	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION

2017 APR 12 PH 1:38 OF iability Company as it now appears on our records. lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12 - 31 - 2015 and assigned Florida document number L 6000001009 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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

Florida

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>	Name	Address	Type of Action
Member	Williams, Gloria Jarrett	1463 Cypress Trace Drive Melboure Fl. 32940	🗆 Add
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te: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuare date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
ument's e	effective date on the Department of State's records.	
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier o
	h day after the record is filed.	Corner o
ed	04/07/2917,	
	tim langth	
_	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00