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COVER LETTER

SUBJECT: Z	KL USA.	12C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Z dene h	O. Lins D Name of Person	Avila
	I Fix	Rides LLC Firm/Company	
	2699 5.0		n Trail
	Orlando,	FL. 3280	o <u>5</u>
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please co	all:	
Ernesto G	ue Sa da	at (<u>407</u>) <u>203</u>	ne Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

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(additional cor

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 06/07/20/6 and assigned Florida document number 4/600/109745
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: I Fix Rides LLC 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) Or lando, FL 32805
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: Ernesto Quesada New Registered Office Address: 2699 S. Orange Blossom Trail

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 **Type of Action Address** <u>Title</u> <u>Name</u> Ernesto Quesada □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove

☐ Change

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ctive date, if other than effective date is listed, the date	the date of filing:	annot be prior to da	e of filing or more tha	(optional)	Pursuant to 605 02
e: If the date inserted in the iment's effective date on the	is block does not me	et the applicable s	statutory filing requ	irements, this date w	vill not be listed a
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············	Signature of a me	ember or authorized	representative of a m	emher	FL OR

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Filing Fee: \$25.00