

L16000109745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

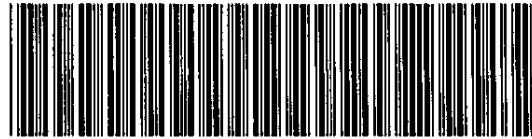
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900292141879

12/01/16--01005--028 **25.00

019 DEC -1 P 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

DEC 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 FIX RIDES 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:

ZDENEK OTAVIANO LINS DAVILA
Name of Person

1 FIX RIDES, LLC
Firm/Company

2699 S. ORANGE BLOSSOM TRAIL
Address

ORLANDO FL 32802
City/State and Zip Code

ZDENEK@LINSCLCLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZDENEK DAVILA at (407) 203-8838
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1 FIX 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 06/07/2016 and assigned Florida document number LC16000109745.

This amendment is submitted to amend the following:

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

1 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)

2699 S. ORANGE BLOSSOM TRAIL
ORLANDO, 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:

ZDENEK OTAVIANO LINS DAVILA

New Registered Office Address:

2699 S. ORANGE BLOSSOM TRAIL

Enter Florida street address

ORLANDO

City

Florida

32805

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

FILED
DEC - 1 P 2:46
CLERK OF STATE
TREASURY
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZDENER O. LINS DAVILA	2699 ORANGE Blossom TRAIL	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERNESTO QUESADA	2699 ORANGE Blossom TRAIL	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 DEC 1 2 48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated NOVEMBER 28, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ZDENSK OTAVIANO LINS DA SILVA
Typed or printed name of signee

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-246

FILED