

L160006346

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIDERS GARAGE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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RECEIVED
2017 MAR -7 PM 1:09
TALLAHASSEE, FLORIDA

FILED
17 MAR -7 AM 8:41

O SIMMONS
MAR 08 2017

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

RIDERS GARAGE 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 12/28/2016 and assigned Florida document number L16000233046.

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)

18319-21 WEST DIXIE HWY

NORTH MIAMI BEACH, FL, 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18319-21 WEST DIXIE HWY

NORTH MIAMI BEACH, FL, 33160

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

City, Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	CLAPS, FEDERICO	18319 W DIXIE HWY	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
AMBR	REY, PABLO G	18319 W DIXIE HWY	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
AMBR	FEDERICO MARTIN CLAPS	18319-21 WEST DIXIE HWY	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL, 33160	<input type="checkbox"/> Remove
AMBR	REY, PABLO G	18319-21 WEST DIXIE HWY	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL, 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: **FEBRUARY 28TH 2017**

Signature of a member or authorized representative of a member

FEDERICO MARTIN CLAPS

Typed or printed name of signer

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