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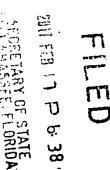
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corpo	rations		
MY ROLLS I	RIDE LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	ISAAC GROSSMAN		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	1100 S POWERLINE ROA	D SUITE 223C	
		Address	
	DEERFILED BEACH, FL	33442	
	· ,	City/State and Zip Code	
	isaacgrossman@yahoo.com		
	E-mail address: (to	o be used for future annual report notificat	tion)
For further information con	cerning this matter, please cal	ll:	
Isaac Grossman		954 531-1099 at ()	
Name of P	erson	at () Area Code Daytime Te	elephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

MI ROLLS RIDE LLC	L104- C	
(A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur_records.}
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{02-02-20}{1}$	and assigned
Florida document number L17000027055	·	
This amendment is submitted to amend the following	ÿ.	
A. If amending name, enter the new name of the	limited liability company here:	
MY V.I.P. Ring LLC MY V.I	I.P. RIDES LLC	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re	egistered office address on our	records, enter the name of the new
registered agent and/or the new registered office a	address nere:	
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida str	eet address
	22. 7 107 100 011	
_	City	, Florida Ziv Code
	2,	Dip 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
Page 1 of 3

Page 1 of 3

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>tle</u>	Name	Address	Type of Action
			🗖 Add
			☐ Remove
			Add
			□ Remove
			□ Change
	 -		Add
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ective date, if other than the date of effective date is listed, the date must be spec	f filing:	ate of filing or more than 90	(optional) days after filing.) Pursua	ınt to 605.020
e: If the date inserted in this block doe ument's effective date on the Departme	s not meet the applicable	statutory filing requirem	ents, this date will no	t be listed a
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record specifies a delayed effec he 90th day after the record is	tive date, but not ar	effective time, at :	12:01 a.m. on the	e earlier (
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