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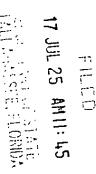
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special instructions to 7 ming officer.			

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S. WARREN
JUL 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A RIDE2 CARE 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:
ROMEO O HOLLIGAN Name of Person
A RIDE 2 CARE LLC Firm/Company
330 WEST SUGARLAND HWY
CLEWISTON FL 33440
taxi_pronto Tehotmai(.com Final address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROMEO - O · HOLLEGAN at (863), 902-1111 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our reco hability Company)	ords.)
		,	
he Articles of Organization for this Limited L			and assigned
orida document number	06067-5	-	25 E
his amendment is submitted to amend the fol	lowing:		
. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here:	AM 11: 45 El Fi ORIDA
e new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the designation "L	1.C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	103805W VIL	LAGE CENTER
Principal office address MUST BE A STREET ADDRESS)		DRIVE STE# 3	363
······································		PORT ST LUCIE	FL 34987
		1	7
nter new mailing address, if applicable:			CLAGE CENTER
Mailing address MAY BE A POST OFFICE BOX)		DRIVE STE #	363
		PORT ST LUIZE	E, FL 34987
		1	,
. If amending the registered agent and egistered agent and/or the new registered of	l/or registered o office address her	ffice address on our reco <u>e</u> :	rds, enter the name of the n
Name of New Registered Agent:	ROME	30 HOLLEGAN	/
New Registered Office Address:	10380 5	is STUAGE CER Enter Florida street add	HER DR STE#363 tress
	PORTS	T'LUCKE.	Florida 34987 Zip Code
ew Registered Agent's Signature, if changing		Į	
hereby accept the appointment as register			further garge to comply with t
rovisions of all statutes relative to the pro-	per and complete	performance of my duties,	and I am familiar with and

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, Thereby 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

MGR = . M AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Remove
			JURS FILE
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D. If amending any other information, enter change(s) here: (Atte	ach additional sheets, if necessary.)
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	<u> </u>
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date	(optional)
Note: If the date inserted in this block does not meet the applicable st	atutory 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 (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
(b) The soul day after the record is filed.	1
2017	
Dated	
James OKOllaci	<u> </u>
Signature of a member or authorized	epresentative of a member
ROMEO HOLLIGATA	
Typed or printed nam	
Page 3 of	3 CONTROL 15
	· · · · · · · · · · · · · · · · · · ·
Filing Fee: \$	25.00