## 117000180182

| (Re                     | questor's Name)   |                 |
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| (Cit                    | y/State/Zip/Phone | <del>:</del> #) |
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| (Bu                     | siness Entity Nam | ne)             |
|                         |                   |                 |
| (Do                     | cument Number)    |                 |
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| Cartified Capies        | Cortificator      | of Status       |
| Certified Copies        | _ Certificates    | or Status       |
| <u> </u>                |                   |                 |
| Special Instructions to | Filing Officer:   |                 |
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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

| Division of C                              | Corporations   |   |  |  |  |
|--|--|---|--|--|--|
| Rides Th                                   | nrough Time, LLC   |   |  |  |  |
| SUBJECT: Name of Limited Liability Company |  |   |  |  |  |
| The enclosed Articles                      | of Amendment and fee(s) are sub                            | omitted for filing.   |  |  |  |
| Please return all corre                    | spondence concerning this matter                           | to the following:   |  |  |  |
|  | Jeffrey Richard Bach                                       |   |  |  |  |
|  |  | Name of Person  | <del></del>  |  |  |
|  | Rides Through Time, LLC                                    |   |  |  |  |
|  |  | Firm/Company  | ··· <del>··</del>  |  |  |
|  | 1177 Kenwood Avenue  |   |  |  |  |
|  |  | Address   |  |  |  |
|  | Winter Park, FL 32789                                      |   |  |  |  |
|  |  | City/State and Zip Code   | <del></del>  |  |  |
|  | E-mail address: (  | to be used for future annual report noti                            | fication)  |  |  |
| For further information                    | n concerning this matter, please co                        | all:  |  |  |  |
| Jeffrey Richard Bach                       |  | 407 702-0571  |  |  |  |
| Nam  | e of Person  | Area Code Daytim  | e Telephone Number   |  |  |
| Enclosed is a check fo                     | r 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) |  |  |
| Regi                                       | ILING ADDRESS:<br>stration Section<br>sion of Corporations | STREET/COURI<br>Registration Section<br>Division of Corpor          | on   |  |  |

7017 0660 0000 4258 2125

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rides Through Time, LLC   |  |  |
|---|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.)<br>Jability Company) |  |
| The Articles of Organization for this Limited Liability Company   | were filed on August 23, 2017                              | and assigned                                   |
| lorida document number L17000180182   |  |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |  |
| the new name must be distinguishable and contain the words "Limited Liabil  | ity 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)  |  | <b>8</b>                                       |
|   |  |  |
|   |  | OF AS  |
| Inter new mailing address, if applicable:   |  | 7 <b>9</b> (7 COR                              |
| Mailing address MAY BE A POST OFFICE BOX)   |  | <b>3</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|   |  | <u> </u>                                       |
|   |  | <u> </u>                                       |
| <ol> <li>If amending the registered agent and/or registered of<br/>egistered agent and/or the new registered office address here</li> </ol> |  | er the name of the n                           |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida street address                               |  |
|   | , Florida  |  |
|   | City   | 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

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>          | Address                | Type of Action |
|--------------|----------------------|------------------------|----------------|
| AMBR         | Richard W. Bach      | 1177 Kenwood Avenue    | Add            |
|              |                      | Winter Park, FL 32789  | □ Remove       |
|              |                      |                        | Change         |
| AMBR         | Jeffrey Richard Bach | 1177 Kenwood Avenue    |                |
|              |                      | Winter Park, F1, 32789 | Remove         |
|              |                      |                        | ⊟ Change       |
|              |                      |                        |                |
|              |                      |                        | Remove         |
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|  |  |  |                       |                        | P# 12:                                | JAN ORAL ION   |
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|  |  |  |                       |                        |                                       |                |
| etive date, if other than<br>effective date is listed, the date.  If the date inserted in timent's effective date on the | te must be specific and ca<br>his block does not med | annot be prior to dat<br>et the applicable—  | of filing or more tha | n 90 days after tiling | g.) Pursuant to                       |                |
| ecord specifies a del<br>e 90th day after the  |  | te, but not an                               | effective time,       | at 12:01 a.m.          | on the ea                             | rlie           |
| d Mar  | 1 29.  | 2018   |                       |                        |                                       |                |

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Typed or printed name of signee

Filing Fee: \$25.00