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04/15/24--01019--019 **39.00



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>ERR.</u>	ANO LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Rock A	/ — E K Name of Person	
	ERRANE L	Firm/Company	
	3241 DUNG	AN AVE.	
		City/State and Zip Code Of Ahoo. Com to boused for future annual report no	tification)
For further information cor	ncerning this matter, please ca		
Rock Lee Name of I	Person	at (<u>94/</u>) <u>374</u> Area Code Daytii	ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	⅓ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Adduses		Street Address	

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERRAND LLC	and the same and t
(Name of the Limited Liability Company (A Florida Limited Lia	
he Articles of Organization for this Limited Liability Company w	vere filed on $11/06/20/7$ and assigned
ac Affectes of Organization for this Elimited Clabinty Company w	and assigned
orida document number <u> </u>	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	ty company here:
U're Ride LLC ne new name must be distinguishable and contain the words "Limited Liability	
ie new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LLC,"
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	72
media vijisee uun en moori vaa ji ji ji maati maati maa	APR F
	5 5
	$H_{ij} = \frac{1}{2} \ln i\eta$
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	> : '\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	्रक्षण 🐱
If amending the registered agent and/or registered office ad-	dress on our records, enter the name of the new regist
ent and/or the new registered office address here:	
Name of New Registered Agent:	····
New Registered Office Address:	
	Enter Florida street address
	Florida
	Cuy 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>	<u>Ad</u>	<u>dress</u>	Type of Action
				□Add
				□Remove
				Change
 -				□Add
			//~	□Remove
		1 /	/-	Change
				□Add
			·	Remove
				Change
				□Add
				Remove
				□Change
				
				□ Remove
				□Change
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		_		□Remove
				□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an cfl	ve date, if other than the date of filing:
the record cord is fil	I 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 ed.
Dated	Signature of a member or authorized representative of a member
	- Rock Lea
	Signature of a member or authorized representative of a member
	Rock LEE Typed or printed name of signee