

L18000076394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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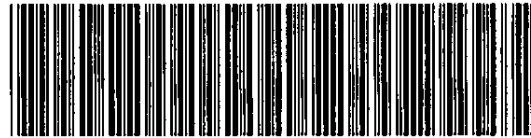
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: the Group Service4U 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:

Robert n Rodriguez
Name of Person

the Group Service4U LLC.
Firm/Company

5620 COLLINS RD Apt 324.
Address

Jacksonville FL. 32244.
City/State and Zip Code

Rideservice transport LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Rodriguez at (347) 854 2046.
Name of Person Area Code Daytime Telephone 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:
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

FILED

2018 MAR 19 PM 5:21

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

(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 03/27/2018 and assigned Florida document number L18000076394

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

the name is the same!

The new name must be distinguishable and contain 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)

Same address.

5620 COLLINS RD Apt # 324
JACKSONVILLE FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same Address.



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:

Marielena Godoy-Rodriguez

New Registered Office Address:

5620 COLLINS RD Apt # 324

Enter Florida street address

Jacksonville

City

Florida

32244

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.

Robert Rodriguez

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>Address</u>	<u>Type of Action</u>
Authorized person -			<input type="checkbox"/> Add

must be Remove Robert, N Rodriguez ☒ Remove
Remove Completely ☐ Change

Authorized person
Title MGR (owner) Marilena Godoy-Rodriguez ☒ Add
☐ Remove

ADD AS (Registered Agent - name) Marilena Godoy-Rodriguez ☒ Add
☐ Remove

☐ Change
☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

Upon Registering the Business there was
A mistake made. "Godoy-Rodriguez Marielena.
Should be the person. "Authorized person (only)
and also as (Registered Agent name/
also AS MGR → Marielena Godoy.
Rodriguez Robert ← should be Remove
"entirely" from company!

Any Question please call

Robert Rodriguez 347-854-2046
or

Marielena Godoy 718-415-9597

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory 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 effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 13 2018

Robert Rodriguez
Signature of a member or authorized representative of a member

Robert Rodriguez
Typed or printed name of signee