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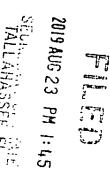
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### **COVER LETTER**

TO: Registration Division of C				
3818 ME SUBJECT:	RIDEAN, LLC			
000,001.	Name of Li	mited Liability Company		
	of Amendment and fee(s) are su pondence concerning this matte			
	WILLIAM K. LOVELA			
		Name of Person		
	WILSON, FORD & LOV	ELACE, P.A.		
Firm/Company 401 SOUTH LINCOLN AVENUE				
	CLEARWATER, FLORI	Address DA 33756		
	GARRIII@AOL.COM	City/State and Zip Code		
For further information	E-mail address:	(to be used for future annual report noti all:	fication)	
WILLIAM K. LOVELACE		727 446-1036		
Name e	of Person		e Telephone Number	
Enclosed is a check for t	he 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)	
MAII	INC ADDRESS.	Charles		

MAILING ADDRESS:

TO:

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

3818 MERIDEAN, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 03-01-19	and assigned
Florida document number L19000061459		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(C) No.
(Principal office address MUST BE A STREET ADDRESS)		AE
		5 6 79
		23
Enter new mailing address, if applicable:		SS: P TI
Mailing address MAY BE A POST OFFICE BOX)		710 - (50)
		- t- 5
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
iew Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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
MGR	GARRISON, TINA P.	3545 LAKE JOYCE DRIVE LAND O LAKES, FL 34639	
		3.40.0 (SARES), 16 340.19	
			Remove
			Change
			Remove
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			Add
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be does not meet the :			ional) or filing.) Pursuant to 605.0207 is date will not be listed as
e record specifies a delayed et The 90th day after the record	ffective date, bu d is filed.	ut not an effecti	ve time, at 12:01	a.m. on the earlier of
	2010			
Dated AUGUST 20	. 2019	·		
Willia // A	relie	r authorized representa	Hive of a mombus	

Page 3 of 3

Filing Fee: \$25.00