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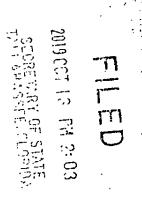
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# **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Rid	ing Out Transpor	d Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Leandro	R Sanchez Name of Person	
	Riding Out To	rangest, LLC Firm/Company	
	5121 Jammes	Address	
	Jacksonville, FL	32244 City/State and Zip Code	
_	E-mail address: (to	be used for future annual report no	dification)
For further information conc	erning this matter, please call	l:	
Leandro S	rson	at ( <u>516) 343 -</u> Area Code Dayti	<u>の480</u> me Telephone Number
Enclosed is a check for the fo	ollowing 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie	ability Company as if now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number <u>人 1900 1 49 6 4</u>	ty Company were filed on Sone	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	*Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		TO PALL TO PAL
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City .	Liability Company," the designation "LLC" or the abbreviation "LLC."  S)  ed office address on our records, enter the name of the new there:

### 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 Type of Action <u>Title</u> Name Address Johannes Berastain 5721 Jammes Rd - Add Jacksonville, FL 32244 ☐ Change □ Add ☐ Remove □ Change □ Remove Change \_□ Add ☐ Remove \_\_ Change □ Add \_□ Remove ☐ Change □ Add □ Remove \_□ Change

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Filing Fee: \$25.00