

L 20000069249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

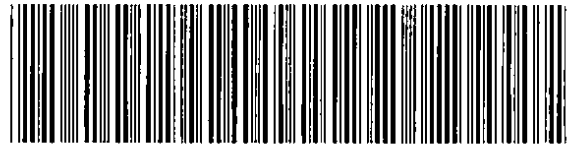
(Business Entity Name)

(Document Number)

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06/20/23--01028--016 \*\*25.00

2023 JUN 20 AM 11:33

A. PARISHANI

AUG 10 2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Ride or die LLC  
Name of Limited Liability Company

2023 JUN 20 AM 11:33

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Hernandez  
Name of Person

Florida Ride or die LLC  
Firm/Company

8432 Delaware dr.  
Address

Weeki Wachee FL 34607  
City/State and Zip Code

FloridaRideordieMagazine@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Hernandez at 727 9446961  
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 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

Florida Ride or die LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 JUN 20 AM 11:33

The Articles of Organization for this Limited Liability Company were filed on 6/13/23 and assigned  
Florida document number 120000069249

This amendment is submitted to amend the following:

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

Florida Ride or die LLC

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)

8432 Delaware dr.  
Weeki Wachee FL 34607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Antonio Hernandez

New Registered Office Address:

8432 Delaware dr

Enter Florida street address

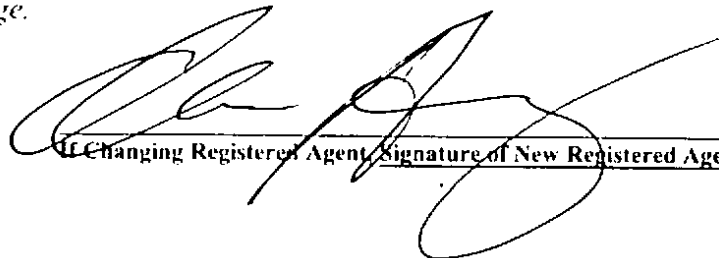
Weeki Wachee, Florida 34607

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Antenid Hernandez	8432 Delaware dr Weeki Wachee FL 34607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
CEO (wife)	Kathleen Valen Marshall	8432 Delaware dr Weeki Wachee FL 34607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			2023 11 2 <input type="checkbox"/> Add AM 1 <input type="checkbox"/> Remove 33 <input type="checkbox"/> Change
Mgr	Dharam Bhimsin	8448 Delaware dr Weeki Wachee FL 34607	<input type="checkbox"/> Add REMOVE <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

please Remove Mgr  
Bhimsin Dharam  
8448 Delaware dr  
Weeki wachee Fl. 34607

2023 JUN 20 AM 11:33

MR. Dharam WAS never  
employee By us.  
name WAS added AS manager  
By mistake

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

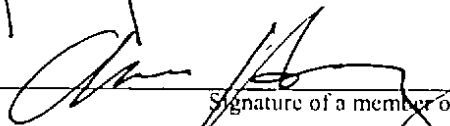
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

6/15/2020



CEO

Signature of a member or authorized representative of a member

Antonio Hernandez

Typed or printed name of signee