Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000200434 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this	pag	e.
Doing so will generate another cover sheet.	10	•

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM, COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

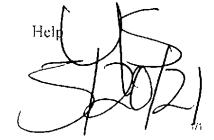
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IRIDE CITY CAB LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	l
to C	0.5
Page Count	05

Electronic Filing Menu Corporate Filing Menu



## **COVER LETTER**

 TO: Registration Section Division of Corporations

SUBJECT:

Name of Lowied Liability Company

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

Please return all correspondence concerning this matter to the following:

Chevenne Moseley

Name of Person

Legalzoom.com, Inc.

Pinn/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

iridecitycab@yahoo.com

E-mail address: (to be used for latture annual report notification)

For further information concerning this matter, please call:

| State of Person | State of Person | State 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 (artificial 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 Tallabassee, Fl. 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIDE CITY CAB LIMITED LIABILITY (Name of the Limited Lia)		
The Articles of Organization for this Limited Liability Florida document number 4.20000298487	othty Company <u>as it now appears on our records.</u> ida Limited Liability Company)  Company were filed on 189/22/2020	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
		232
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" (	or the abbreviation "Lanc"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	9
		1名 民 1
		<u> </u>
Enter new mailing address, if applicable:		<u>#4</u> _5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, dress here:	enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
<del></del>	Emer Florida sweet address	
	Flori	da
	Сйн	Zip Cocle

## 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. Thereby 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, q	enter the title, name, and address of each person	being added
or removed from our records:	•	

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
AMBR	Davila, Jose L	580 Ellis Rd. S Unit 120 Jacksonville, FL 32254	∩ ∧dd
		<del></del>	
		<del></del>	Change
			Remove
			Chapte -
			Add Add A
			☐ Change
			☐ Remove
			□ Change
			□ ∧₫₫
			□ Remove
		<del> </del>	□ Change
<del></del>			□ Add
			Change

٣α٠	4	A٢	ሰፍ ፡	17	คว	Д٦	

Page: 6 of 6

2021-05-19 08:03:43 PDT

3239628300

From: Meghan Smith

D. If amending any other information, enter change(s) here: (Anach additional	I sheets, if necessary)
	(2) (2)
	<b>m</b> 0
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more if  Note: If the date inserted in this block does not meet the applicable statutory filing rec document's effective date on the Department of State's records.	(optional) nun 90 days after filing.) Pursuant to 605.0207 (5)(b guirements, this date will not be listed us the
f the record specifies a delayed effective date, but not an effective time b). The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated 5/11 2021  Raynold Sime Signature of a member or authorized representative of a re-	
Raynold Sime Signature of a member or authorized representative of a	nember
Raynold Sime	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00