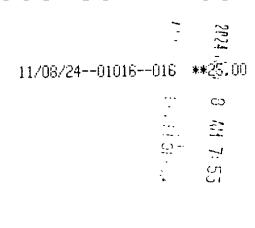
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COVER LETTER

):

Registration Section Division of Corporations

Tallahassee, FL 32314

EJRider LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Robert Rubin Name of Person Firm/Company 8899 NW 18th Terrace, Suite 102 Address Doral, FL 33172 City/State and Zip Code rrubin@equapath.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call; obert Rubin 305 975-4280 Name of Person Daytime Telephone Number closed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJRider, LLC		::: œ
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	
Articles of Organization for this Limited Liability Company	were filed on December 30, 2020	and assigned
rida document number 1.21000000929		.j. 01
s amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
er new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
		<u> </u>
er new mailing address, if applicable:		
illing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office a nt and/or the new registered office address here:	ddress on our records, enter the na	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vinier r torida street aadress	
	, Florida	Zip Code
	549	All Come

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	Address	Type of Action
MBR	Robert Rubin	8899 NW 18th Terrace, Suite 102, Doral, FL 33172	= Add
			□Remove
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November 5, 2024 ive date, if other than the date of filing:	optional)
ective 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 605,02
	, this date will not be listed
If the date inserted in this block does not meet the applicable statutory filing requirements lent's effective date on the Department of State's records.	
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d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of led. November 5 Signature of a member or authorized representative of a member	2024 HUV 8
Signature of a member or authorized representative of a member Eric S. Weisman	2024 ROV 8