

h21000152188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

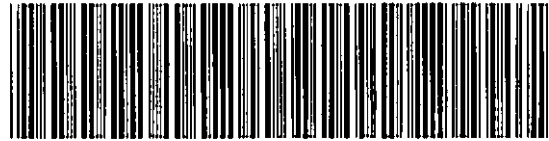
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
06/11/21

Office Use Only S.C -
06/17/21



000364357090

04/22/21--01020--001 **25.00

2021 JUN 16 AM 11:24

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 16 AM 11:09

June 8, 2021

CHRISTIAN MARTINEZ ESPENDEZ
2926 RIO GRANDE TRAIL
KISSIMMEE, FL 34741

SUBJECT: QUICK N EASY RIDE SHARE LLC
Ref. Number: L21000152188

We have received your document for QUICK N EASY RIDE SHARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. (9)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. 11

If you have any questions concerning the filing of your document, please call (850) 245-6050. 11

Summer Chatham
OPS

Letter Number: 121A0001246

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quick N Easy Ride Share LLC

Name of Limited Liability Company*

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

Please return all correspondence concerning this matter to the following:

Christian Martinez Espendez

Name of Person

Quick N Easy Ride Share LLC

Firm/Company

2926 Rio Grande TRL

Address

Kissimmee FL 34741

City/State and Zip Code

qquickneasyrideshare@gmail.com

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

For further information concerning this matter, please call:

Christian Martinez Espendez

407 635-7947
at ()

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

2021 JUN 16 A 11:24

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Quick N Easy Ride Share LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 01, 2021 and assigned
Florida document number L21000152188.

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2926 Rio Grande TRL

Kissimme FL 34741

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
AMBR	Christian Martinez Espendez	2926 Rio Grande TRL	<input type="checkbox"/> Add
		Kissimmee FL 34741	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN 16 A 11:24
FILED

2021 JUN 16 A 11:24

FILED
2021 JUL 16 AM 11:24

(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)

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 April 19, 2021

Signature of a member or authorized representative of a member

Christian Martinez

Typed or printed name of signee