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TO:	Registration Section
	Division of Corporations

MCR Rides LEC SUBJECT: <u>_____</u>

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:

Carmen Rivera Name of Person Firm/Company 1366 Ivy Meadow Dr Address SEP 20 Orlando, FL 32827 City/State and Zip Code c.aydalina@outlook.com ž E-mail address: (to be used for future annual (eport notification) بې For further information concerning this matter, please call: ഗ сл Carmen Rivera 051 397-0236 Daytime Telephone Number Name of Person Area Code Enclosed 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

V	ICR Rides LLC	
	ity Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L21000302969</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
GNSR 21 LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>e</u>	<u>iter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ldress
		, 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🛛 Remove
			□Change
			🗆 Add
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F Effective du	te, if other than the date of filing: (optional)
(If an effective c <u>Note:</u> If the	(b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
If the record spec record is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 20 2021
Dated	
	(Kington
_	Signature of a member or authorized representative of a member

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

Carmen Rivera

Typed or printed name of signee