

Florida Department of State
Division of Corporations
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62100004677239/17

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To: Division of Corporations
Fax Number : (850)617-6383
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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROAD ALLY LLC**

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Corporate Filing Menu

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FEB 07 2022

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROAD ALLY 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:

RAFAEL PERELLO FERNANDEZ

Name of Person

ROAD ALLY LLC

Firm/Company

8074 SEVERN DR. APT B

Address

BOCA RATON, FL 33433

City/State and Zip Code

INFO@ROAD-ALLY.COM

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

For further information concerning this matter, please call:

ANGIE F. REBAZA

689
at ()
Area Code

209-9512

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 S10
Tallahassee, FL 32303

H220000467723

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROAD ALLY 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 07/15/2021 and assigned
Florida document number L21000323917.

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**)

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: RAFAEL PERELLO FERNANDEZ

New Registered Office Address: 8074 SEVERN DR. APT B

Enter Florida street address

BOCA RATON

City

Florida 33433

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.

Rafael Perello (Feb 4, 2022 13:38 EST)

If Changing Registered Agent, Signature of New Registered Agent

AZA00040 1 125

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>
RA	ANGIE F. REBAZA	8074 SEVERN DR. APT B	<input type="checkbox"/> Add
		BOCA RATON, FL. 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAFAEL PERELLO FERNANDE	8074 SEVERN DR. APT B	<input type="checkbox"/> Add
		BOCA RATON, FL. 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGIE F. REBAZA	8074 SEVERN DR. APT B	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL. 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	RAFAEL PERELLO FERNANDE	8074 SEVERN DR. APT B	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL. 33433	<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

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

[illegible]


E. Effective date, if other than the date of filing: 02/04/2022 (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 FEBRUARY 4, 2022


Emily Rogers (Feb 4, 2022 13:43 EST)

Signature of a member or authorized representative of a member

Angie Rebaza

Typed or printed name of signee

Filing Fee: \$25.00