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SI CHE TARY OF STATE ON OF CORPORATIONS

T. MATTHEWS JUL 28 2022

COVER LETTER

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TO: Registration So Division of Co					
	IDE SCOOTER RENTALS L	LC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	Firm/Company PH4 Address City/State and Zip Code mail.com ess: (to be used for future annual report notification) ase call: 186 1855-9069 186 187 Area Code Daytime Telephone Number			
Please return all correspo	ondence concerning this matter	to the following:			
	LINO D PALADEA ROJO	0			
		Name of Person			
		Firm/Company			
	1424 NE MIAMI PL PH4				
		Address			
	MIAMI, FL 33132				
		City/State and Zip Code			
	Linodanielpaladea@gmail.				
For further information of	E-mail address: (concerning this matter, please c	·	tification)		
LINO D PALADEA ROJO		786 355-9069			
Name o	of Person		me Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection		
Division of C		Division of Co			
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Schetary of State Division of Corporations

WORLDWIDE SCOOTER RENTALS LLC

22 MAY 24 PM 12: 30

(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 $\stackrel{02/11/2022}{-}$ and assigned Florida document number L22000070744 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: New Registered Office Address: Enter Florida street address

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.

, Florida

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>	Address	Type of Action
MGR	BERNABE SABE	820 EUCLID AVE APT 206	□Add
		MIAMI BEACH, FL 33139	≣Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
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ffective date, if other than effective date is listed, the lote: If the date inserted ocument's effective date	ne date must be specifing this block does	fic and cannot be prior not meet the appl	or to date of filing o	r more than 90 days	optional) after filing.) Pursuar , this date will not	nt to 605.020's be listed as
record specifies a delaye is filed.	d effective date, bu	it not an effective	time, at 12:01 a.r	n. on the earlier o	f: (b) The 90th d	lay after the
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ated APRIL 25		<u>2022</u>	100			
ated APRIL 25	Signature	2022		ive of a member	-146771	