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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

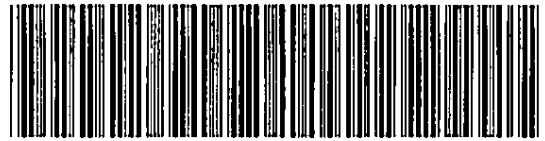
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATIONS
22 MAY 18 PM 3:25

T. MATTHEWS

MAY 24 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-120

2022 MAY 18 AM 7:49

STATE
FL

April 29, 2022

ALISON LESKO
1663 8TH STREET
FERNANDINA BEACH, FL 32034

SUBJECT: LESKO RIDES, LLC
Ref. Number: L22000143047

We have received your document for LESKO RIDES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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

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

Tekayla T Matthews
OPS

Letter Number: 522A00010012

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: Lesko Rides, LLC
Name of Limited Liability Company

2022 APR 12 AM 7:46

SECTION 1, STATE
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

Alison Lesko

Name of Person

Lesko Rides, LLC

Firm/Company

1663 8th Street

Address

Fernandina Beach, Florida 32034

City/State and Zip Code

LeskoRides@gmail.com

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

For further information concerning this matter, please call:

Alison Lesko 904 539-5729
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 MAY 18 PM 3: 25

Lesko Rides, 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 3/23/2022 and assigned Florida document number 122000143047.

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)

1663 8th Street

Fernandina Beach

Florida 32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1663 8th Street

Fernandina Beach

Florida 32034

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

Civ

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

SECRETARY OF STATE
DIVISION OF CORPORATION

22 MAY 18 PM 3: 25


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keith Lesko	85401 Fall River Pkwy	<input type="checkbox"/> Add
		Fernandina Beach	<input checked="" type="checkbox"/> Remove
		Florida 32034	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22 MAY 18 PM 3: 25

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated April 8, 2022


Signature of a member of the

Alison Lesko

Typed or printed name of signee