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S. PRATHER

COVER LETTER

TO:

Tallahassee, FL 32314

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s, LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
Alison Lesko		
	Name of Person	
Lesko Rides, LLC		
	Firm/Company	
1663 8th St.		
	Address	
Fernandina Beach, FL 320	34	
LeskoRides@gmail.com E-mail.address: (City/State and Zip Code to be used for future annual report noti	fication)
oncerning this matter, please co	all:	
	904 539-5729	
Person	Area Code Daytim	e Telephone Number
e following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
s: Section	<u>Street Address:</u> Registration Se	ction
orporations	Division of Cor	porations
	Amendment and fee(s) are sub- ndence concerning this matter Alison Lesko Lesko Rides, LLC 1663 8th St. Fernandina Beach, FL 320 LeskoRides@gmail.com E-mail address: (oncerning this matter, please estates) Person e following amount: S20.00 Filing Fee & Certificate of Status	Amendment and feets) are submitted for filing. Indence concerning this matter to the following: Alison Lesko Name of Person Lesko Rides, LLC Firm/Company 1663 8th St. Address Fernandina Beach, FL 32034 City/State and Zip Code LeskoRides@gmail.com E-mail address: (to be used for future annual report notion cerning this matter, please call: Person at (

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

282

Lesko Rides, LLC		ر از
	Liability Company as it now appears on our reco Florida Limited Liability Company)	rids.) SS T
The Articles of Organization for this Limited Liab Florida document number 1.22000143047	ility Company were filed on 3/23/2022	
This amendment is submitted to amend the following	ng:	<u> </u>
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	(X)	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
_	1	Florida
	Ciņ	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>	Address	Type of Action
MGR	Alison Lesko	85401 Fall River Pkwy.	■Add
		Fernandina Beach	□Remove
		Florida 32034	
			□Add
		.	□Remove
			□Change
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ective date, if other the effective date is listed, the e	an the date of	filing: 3/23/20)22	 	(option:	al)	
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ted June 14	Signature	of a member or	authorized repres	entative of a me	mber	SIN SEE	11 MON 2202
ted June 14 Alison Lesko	Signature	of a member or	authorized repres	entative of a me	mber	SIIASSEE, F	2 JUH 17 PM

Filing Fee: \$25.00