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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
ADRIAN &	& MAY FLAGLER SCOOTER	RLLC		
NOBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GIRALDO ACOSTA MO			2023 HAR 13 AH 11: 37 2609 ET 575 75 75 75 75 75 75 75 75 75 75 75 75
		Name of Person		7
	ADRIAN & MAY FLAGI	LER SCOOTER LEC		<u>υ</u>
		A A		
	1505 W FLAGLER ST			; မ
		Address		7
	MIAMI FL 33125			
		City/State and Zip Code		
	amflaglerscooter@gmail.co			
0.0.0.0		to be used for future annual report not	ification)	
	oncerning this matter, please c	all:		
Elsa Castillo		352 239-9836 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a cheek for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address Registration S		Street Address: Registration Sc	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADRIAN & MAY FLAGLER SCOOTER LLC	pant of it had appears on alle seemed.	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<u>L</u>)
The Articles of Organization for this Limited Liability Company Florida document number 122000392754	y were filed on <u>09/12/2022</u>	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		
		1
B. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	t'	
	Enter Florida street address	
	, Flo	rida
	c.ŵ.	Zip Coac

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 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
AMBR	MAYLENI MEUEUDEZ MARTIN & Z	1505 W FLAGLER ST MIAMI FL 33125	□Add
			≣Remove
			DChange
AMBR	MAYLENI MENENDEZ MARTIN & Z	1505 W FLAGLER ST MIAMI FL 33125	= Add
			□Remove
		<u></u>	[]Change
			DRemove
			□Change
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Effective dat if an effective di <u>Note:</u> If the d document's ef	ac is listed, the ate inserted	e date must be s in this block o	pecific and loes not n	l cannot be neet the ap	prior to date	atutory fili	more than 90 ng requirem	(option days after fil ents, this d	ing.) Pursuant	to 605,0207 (pe fisted as t
e record specif d is filed.	ies a delayed	J effective dat	e, but not	an effecti	ve time, at	12:01 a.m	on the earl	ier of: (b)	The 90th da	y after the
03/08				2023						
Dated		7 .								
Dated		-	,	()						
Dated		Can		<u> </u>			e of a membe			

Filing Fee: \$25.00