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(Requestor's Name)
(Address)
,
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>IRIDE</u>	EZ Rentals LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Chavon Middle	Name of Person	
	middlebricks m	Grkefing accep LL Firm/Dompany	<u>C</u>
		Address Address	
	Miami, Floris	√a City/State and Zip Code	
	E-mail address: (6	o be used for future annual report notif	fication)
For further information co	ncerning this matter, please co	ill:	
Chauson M. dele Name of	brooks Person	at (3/5) 462 - 4 Area Code Daytime	1707 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>C</u>	
ity Company as it now appears on our records., a Limited Liability Company))
Company were filed on <u>1/20/2023</u>	and assigned
nited liability company here:	
nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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RESS)	
	23 APR
ed office address on our records, <u>enter t</u>	he name of the new register
	<u> </u>
Enter Florida street address	
, Flor	rida
	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.

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>	Type of Action
			□Add
			Remove
			Change
		□Remove	
	•		Change
			□Add
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lf an e Note:	ive date, if other than the date of filing:	5.0207 ted as
e reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	er the
Date	3. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Chaven Midelle brooks Typed or printed name of signee	
	/ Olama Widdle basols	