Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383 From: Account Name : LEGALZODM.COM INC. Account Number : I200100000062 Phone : (323)962-8600 Fax Number : (323)389-0502 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	Ema	ail Address:	
From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502			•
Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600	**Entar	the email addres	se for this business ontity to be used for futur
Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600		Fax Number	: (323)389-0502
Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062			
Fax Number : (850)617-6383			· · · · · · · · · · · · · · · · · · ·
Fax Number : (850)617-6383		Account Name	: LEGALZOOM.COM INC.
	From:		
		Fax Number	: (850)617-6383
Division of Corporations			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONTHISJOYRIDE LLC

Certificate of Status	0
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Electronic	Filing	Menu
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Corporate Filing Menu

Help

To:

TO:

COVER LETTER

13239628300

TO:	Registration Se Division of Cor			
SUBJE		YRIDE LLC		
SUBJE	C1;	Name of Limi	ited Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub-	mitted for filling.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			FimvCompany	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	 _
		onthisjoyride@gmail.com		
		E-mail address: (1	o be used for future annual report notific	Cation)
For furt	her information co	oncerning this matter, please ca	ill:	
Cheyen	ne Moseley		\$00 773-0888 at ()	
	Name of	Person	at ()	Telephone Number
Pagin.	4 ' - -	· Callagring amounts		
		e following amount:		_
□ \$25	.00 Filing Fee	☐ \$30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ONTHISJOYRIDE LLC			7.57
Nume of the Limite	d Liability Compa A Florida Limited I	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number L22000486728		were filed on 11/14/202	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	tds "Limited Liabil	lity Company," the designation	on "Li.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3702 W. Spruce St., Aj	
		Tampa, FL 33607	
Enter new mailing address, if applicable:		3702 W. Spruce St., Ap	ot. 1472
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33607	
			
B. If amending the registered agent and/o registered agent and/or the new registered offi			records, enter the name of the new
Name of New Registered Agent:	Joycelyne Figur	eroa	
New Registered Office Address:	3702 W. Spruce	e St., Apt. 1472	
		Enter Florida stree	et address
	Tampa		Florida 33607
		Cin	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.

Joycelyne Figueroa

If Canging Registered Agent, Signature of New Registered Agent

Tc:	Page: 5 of 6.

2022-12-15 09 48 01 PST

13239628300

From, Amanda Sando

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	
			□ Add	
			□ Remove	
			Change	
			D Add	
			Remove	
			☐ Change	
			□ Remove	
			☐ Change	
			□ Remove	
		·	☐ Change	
		L. W. H.	□ Add	
			Remove	
			☐ Change	
			☐ Add	
			Remove	
			Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets	Market State
	2022 DEC 15
	2022 DEC 15 AM 11:27
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	_ (optional) ays afte: filing.) Pursuant to 605,0207 (3)(b nts, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 17 (b). The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated $\frac{12/10}{10}$. $\frac{2022}{10}$.	
lignature of a member or authorized representative of a member	
Joycelyne Figueroa	
Typed or printed name of signee	

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Filing Fee: \$25.00