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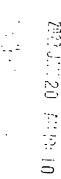
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration S Division of Co		•		•	•
S ® ote P R	•			•	3
SUBJECT:	Name of Lin	nited Liability Company			
279					
	f Amendment and fee(s) are sub ondence concerning this matter	_			
	Xavier A Velez Bowen	•			
	- Turker / Telex, //weii	Name of Person			
	Scooter Rescue LLC				
		Firm/Company			
	2414 N 26th Avenue.				
	Hollywood/Florida 33020	Address		<u></u> :	•
	Honywood Florida 33020	City/State and Zip Code			; :
	scooterrescuefl@gmail.con	n (to be used for future annual report no			;
For further information	concerning this matter, please c	·	meation)	••	· :
Xavier A Velez Bowen		754 2158252			
Name	of Person	at ()	me Telephone Number)
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addre Registration Division of C P.O. Box 63	Section Forporations	Street Address: Registration So Division of Co The Centre of	orporations		
Tallahassee.			oe Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scooter Rescue 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 $\frac{12/27/2022}{1}$ and assigned Florida document number 1.23000000795 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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>	<u>Address</u>	Type of Action
MGR	Francis V. Baquero Meza	2414 N 26th Avenue, Hollywood, FL. 33020	□Add
			■Remove
			□Change
MGR	Xavier A. Velez Bowen	2414 N 26th Avenue, Hollywood, FL, 33020	□Add
			■Remove
			Change
AMBR	Xavier A. Velez Bowen	2414 N 26th Avenue, Hollywood, FL, 33020	☐ Add
			iiRemove ↓
			⊡Ghange
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

		
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	·	
ctive date, if other than the o		(optional) Tilling or more than 90 days after filling.) Pursuant to 605.0
	ock does not meet the applicable stati	utory filing requirements, this date will not be listed
	date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day after
filed.		
January 4	2023	
	VED XAVE	√ ?

Filing Fee: \$25.00

Lyped or printed name of signee