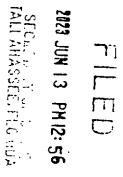
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	(Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	(Business Entity Name)	
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Special Instructions to	Filing Officer:	

Office Use Only



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	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Taj 5 PC.	vate Ride Share LL C ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
LaT9)	Binson Name of Person
<u> </u>	Private Rijeshire CLC Firm/Company
	Cantirbury DC S
Riviera	Beach, FL 33427 City/State and Zip Code
<u> Ta) 5 Pe</u> E-mail	iVate Ri Jeshare @gma. 1. Com address: (to be used for future annual report notification)
For further information concerning this matter.	
LaTay Brinson Name of Person	at (561) 800 - 7812 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taj's Private R (Name of the Limited Liability Compa (A Florida Limited)	ideshare LLC	<u>- </u>
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our records.</mark>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300045559</u> .	were filed on 1/24/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A S 23
	 	A D T
		(O):
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		72.
**************************************		2: 5:
		D. 0
B. If amending the registered agent and/or registered office a	address on our records, enter th	e 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	
	. Flori	ida
· 	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.

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
<u>AMBR</u>	Yolanda Brinson	2556 Gaterbury Dr S, PL	Beach, XIAdd
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fecti	tive date, if other than the date of filing:	(optional)
	ffective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statu	
cum	nent's effective date on the Department of State's records.	
record is fil	ord specifies a delayed effective date, but not an effective time, at 12 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ated	6/13/23 2023	
III C		
		

Typed or printed name of signee