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R. HUNT 03/27/23

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:O	PULENCE RIJ	et TRAVEL, LC	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Ju,	Vio VAldes Name of Person	
	OPULENCE	Firm/Company	e/, LLC.
		Address	<u>/</u>
	<u>ORIANDO</u>	7/ 33834 City/State and Zip Code	27 AMIO: 32 BY OF STATE BY SSEEL FL
	CENTRA/TRA E-mail address: (to	1715 2008 @ AOL . ( be used for future annual report notif	2007 Em W
For further information	concerning this matter, please cal		
Mr Julio	VAIdE'S	at ( <u>32/</u> ) <u>604-</u> Area Code Daytime	9839 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	D\$30.00 Filing Fee & Certificate of Status  Oheck # 509 ATTPONES.	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632	27	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	ny as <mark>it now appears on our rec</mark> Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $01/3$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
DRIANDO RIDE + TRAV. The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability".	EL, LLC.	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12151 DAKOT	A WOODS IN.
(Principal office address MUST BE A STREET ADDRESS)	ORIANDO, 7	1. 32834
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2633
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	ddress on our records, <u>en</u> t	75
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		ter the name of the new register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new-register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		ter the name of the new register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:		ter the name of the new-register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	NO Chanes  Enter Florida street add	ter the name of the new-register

## 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 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>	Address	Type of Action
	NO CHANGE		□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			Add Add Remove SEE FL Change
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effective date, if other than the date of filing: 03/23/20 effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor ament's effective date on the Department of State's records.	(oping or more than 90 days af ry filing requirements, t	o <b>tional)</b> der filing.) Pur his date will	suant to not be	605.020 listed a
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.		(b) The 90	th day a	ifter the
Significant of a member or authorized representation 1/4/de S				