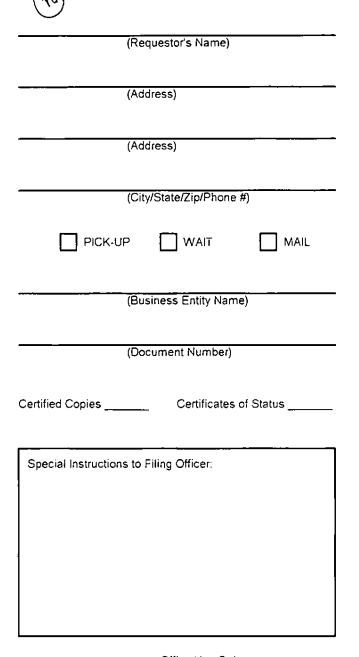
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## **COVER LETTER**

TO:

Registration Section

| Division of            | Corporations                                  |  |  |
|------------------------|---|--|--|
|                        | DES LLC                                       |  |  |
| SUBJECT:               | Name of Lim                                   | ited Liability Company   | ·  |
|                        |   |  |  |
| The enclosed Article   | s of Amendment and fee(s) are sub             | mitted for filing.   |  |
| Please return all corr | espondence concerning this matter             | to the following:  |  |
|                        | CARLOS SIERRA                                 |  |  |
|                        |   | Name of Person   |  |
|                        | VIP RIDES CAST LLC                            |  |  |
|                        |   | Firm/Company   |  |
|                        | 11401 NW 89TH ST                              |  |  |
|                        |   | Address  |  |
|                        | DORAL, FL 33178                               |  |  |
|                        |   | City/State and Zip Code  |  |
|                        | LVBUSINESSCONSULTI                            |  |  |
|                        |   | to be used for future annual report no   | inication)   |
| For further informati  | ion concerning this matter, please of         | aii:   |  |
| CARLOS SIERRA          |   | 786 4690873<br>at ()   |  |
| Na                     | une of Person                                 | Area Code Daytir   | ne Telephone Number  |
| Enclosed is a check    | for the following amount:                     |  |  |
| ■ \$25.00 Filing Fe    | ee \$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) |
| Division<br>P.O. Box   | ion Section<br>of Corporations                | Street Address:<br>Registration S<br>Division of Co<br>The Centre of<br>2415 N. Monr | orporations  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VIP RIDES LLC   |  |                           |
|---|--|---------------------------|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit  | mpany as it now appears on our records.)<br>ted Liability Company) |                           |
| The Articles of Organization for this Limited Liability Compa   | any were filed on <u>02/27/2023</u>                                | and assigned              |
| Florida document number L23000103197  |  |                           |
| This amendment is submitted to amend the following:   |  |                           |
| A. If amending name, enter the new name of the limited l  | iability company here:   |                           |
| VIP RIDES CAST LLC  |  |                           |
| The new name must be distinguishable and contain the words "Limited L   | iability Company," the designation "LLC" or                        | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 11401 NW 89TH ST APTO 109 D  | ORAL FL 33178             |
| Principal office address MUST BE A STREET ADDRESS   | <u></u>  |                           |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 11401 NW 89TH ST APTO 109 D  | ORAL FL 33178             |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: |  | 7023 DEC 19               |
|   | Enter Florida street address                                       | 7.00 R 0                  |
|   | , Florid   | a <br>  = Zip C           |

## 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 |
|--------------|-------------|----------------|----------------|
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| Effectiv   | re date, if other than the date of filing:   |
| f an effec | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02   |
| docume     | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records. |
|            |  |
| e record   | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| record     | d.   |
| rd is file |  |
| rd is file | DECEMBED 15  |
| rd is file | DECEMBER 15 2023   |
| d is file  | DECEMBER 15 2023   |
| rd is file | Signature of a member of authorized representative of a member   |