

L73000103040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

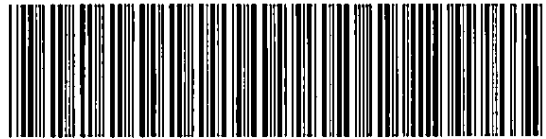
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/21/2009 03:21 PM

FILED
2009 MAR 21 PM 2:09
STATE
OFFICE
FL

~~RECEIVED~~

R. HUNT

03/21/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: rent to ride llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

philippe jean
Name of Person
rent to ride llc
Firm/Company
601 N congress ave suite 421
Address
delray beach fl 33444
City/State and Zip Code
p.emmanuel.jean
E-mail address: (to be used for future annual report notification)

FILED
2003 JUN 21 PM 2:09
TALLAHASSEE, FL

For further information concerning this matter, please call:

Greta jean 561 4241071
Name of Person at () Daytime Telephone Number
Area Code

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) ☐ \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
OWN	GRETA JEAN	4280 N HARBOR ISLE FAYETTEVILLE AR 72703	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2007-10-01 PM 2:00
STATE OF ARIZONA
SECRETARY OF STATE

2023-08-28 PM 2:09
STATE
OFFICE

ED
2023-10-27 PM 2:09
STATE
606 E. P.

(If an effective 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 605.0207 (3)(b)

If the 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 is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00