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(Requestor's Name)
(Address)
(Address)
(City/Obaby 71 y/Obayy 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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R. HUNT 03/21/27

COVER LETTER

TO: Registration S Division of Co			
ountrex	rent to ride llc		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	philippe jean		
		Name of Person	
	rent to ride lle		
		Firm/Company	
	601 N congress ave suite	321	<u> </u>
		Address	
	delray beach fl 33444		21 PH 2: 09
		City/State and Zip Code	<u> </u>
	p.emmanuel.jean		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Greta jean		561 4241071 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration : Division of C		Registration Se	
P.O. Box 632		Division of Cor The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ears on our records.)
MARCH 1ST and assigned
<u>here</u> :
e designation "LLC" or the abbreviation "L.L.C."
[23]
12
100 N U
FL 777
records, enter the name of the new reg
lorida street address
urtaa sireet aaaress
, Florida Zin 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 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
OWN	GRETA JEAN	4280 N HARBOR ISLE FAYETTEVILLE AR 72703	R □Add
			_ = Remove
			_ □Add
			_ 🗆 Remove
			_ Change
			_ (II) Change
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		<u></u>	Change
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fective date, if other than the date of filing: (optional) 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.) Puote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will becament's effective date on the Department of State's records.	irsuant to	605.020 listed a
	0th day a	ifter the
l is filed.		
Lis filed.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9th is filed. ated O3/15/2023 Signature of a member or authorized representative of a member		-

Filing Fee: \$25.00