L23000128247

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COVER LETTER

Division of Corp	orations		
SUBJECT: Drive	en Driver LLC	ed Liability Company	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the tonowing.	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	H:	
		at () Area Code Daytime	
Name of	Person	Ārea Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
S \$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	<u>s:</u>	Street Address:	ction

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

Registration Section

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Driven Driver LLC (Name of the Limited Lia (A Flo	bility Company as it now app rida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Florida document number <u>L2300042824</u>		03 13 23	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company	here:	
The new name must be distinguishable and contain the words." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		te designation "LLC" or the a	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED 2023 HAY 11 AM 9: 3
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on ou e:	r records, enter the nat	ne of the new registered
Name of New Registered Agent:	arolina Peres As	suncao Simoes	
New Registered Office Address: 42	701 N Howard	Av E Florida stræt address	
	Tampa	Florida _	33612 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.

2 1

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>AP</u> _	Carolina Peres Assunção Simoes	12701 N Howard Ave,	
	5(moes	Tampa FL 33612	X Remove
			□Change
AMBR		12701 N Howard Ave,	X ∧dd
	Simoes	Tampa FL 33612	□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an efficience Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated .	·
	Signature of a member or authorized representative of a member