23000191873 (Requestor's Name) (Address) 100419288041 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 11/27/23--01042--019 **30.00 (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer: 1

Office Use Only

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BCHETARY OF STATI SECRETARY OF STATI TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section Division of Corporations

E-Ride Rentals LLC

SUBJECT: ____

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Magdalena Marques

Name of Person

Firm/Company

112 Twilight Bay Dr.

Address

Panama City Beach FL 32407

City/State and Zip Code

healing.habits.with.Maggic@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> 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

AR<u>TICLES</u> OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E-Ride Rentals LLC	in our records.)
(<u>Same of the Lindied Liabilit</u> (A Florida	Company as it now appears on our records.) Comted Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000191873</u>	ompany were tiled on <u>04/18/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
A. If amending name, <u>enter insure</u> Healing Habits	ned Lisbility Company," the designation "LLC"	or the autoreviation "L L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	:0 N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered	d office address on our records, <u>enter t</u>	TALLAR -S PH D HARY OF S CONSISTENCE he name with the new registere
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		, <u>11</u> , —
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
	City	Zip Cixle

New Registered Agent's Signature, if changing Registered Agent;

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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

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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>	Name	Address	Type of Action
		<i>i</i>	🗆 Add
		Change	
		DAdd	
			□ Change
		🗆 Add	
		. <u></u>	
			□ Change
			□Add
			🗅 Add
			□Add
			□Change

. If amending any other info	formation, enter change(s) here: (Attach additional sheets, if necessary.)
Please remove the desci	cription for E-Ride rentals under Article III, Other Provisions: "Locals and tourists
can rent electric skatch	boards, scooters, and bikes."
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	<u> </u>
Effective data of etherethe	11/22/2023
Effective date, if other tha (If an effective date is listed, the date is listed and the date is listed at the date is listed at the date of the date	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
 <u>Note:</u> If the date inserted in t document's effective date on 	this block does not meet the applicable statutory filing requirements, this date will not be listed as the bepartment of State's records.
ie record specifies a delayed ef- rd is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 21 Dated	2023
$-\infty$	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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