## L23000 233 602

| (Requestor's Name)                      | - |
|---|---|
| (Address)                               | _ |
| (Address)                               | - |
| (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



12/13/24--01016--002 \*\*25.00

2024 DEC 13 AMT1: 31 SECRETARY OF STATE

## **COVER LETTER**

| ALI DOMI                   | rporations<br>INICAN CAKE LLC             |   |                    |  |
|----------------------------|---|---|--------------------|--|
| SUBJECT:                   |   |   |                    |  |
|                            | Name of Lim                               | ited Liability Company  |                    |  |
|                            |   |   |                    |  |
| The enclosed Articles of   | Amendment and fee(s) are sub              | omitted for filing.   |                    |  |
| Please return all correspo | ondence concerning this matter            | to the following:   |                    |  |
|                            | Laura S Rodriguez Fermin                  |   |                    |  |
|                            |   | Name of Person  |                    |  |
|                            | Ali Dominican Cake LLC                    |   |                    |  |
|                            |   | Firm/Company  |                    |  |
|                            | 851 west state road 436                   | , ,   |                    |  |
|                            |   | Address   |                    | 10   |
|                            | Altamonte Springs, FL 327                 | 714   |                    | TALES THE SECURE   |
|                            | laura@81414@gmail.com                     | City/State and Zip Code   | 41.2               | P FILL MAIN: 32 2025 JAN 21 MAIN: 32 SECRETARY OF STATE SECRETARY OF STATE |
|                            | E-mail address: (                         | to be used for future annual report notif                           | fication)          |  |
| For further information of | concerning this matter, please c          | all:  |                    | - 32<br>- 32   |
| Laura S Rodriguez Ferm     | in  | 570 7048649   |                    | r A  |
| Name o                     | of Person                                 | at ()<br>Area Code Daytime  | e Telephone Number |  |
| Enclosed is a check for t  | he following amount:                      |   |                    |  |
|                            | _   | Closs on the trans  | 771 0 40 00 000    |  |
| ■ \$25.00 Filing Fee       | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (        | e of Status &  |
|                            |   |   |                    |  |
|                            |   |   |                    |  |

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited              | iny as it now appears on<br>Liability Company) | our records.)                                |
|---|--|--|--|
|   |  | were filed on                                  | 023 and assigned                             |
| This amendment is submitted to amend the foll   | owing:   |  |  |
| A. If amending name, enter the new name o   | f the limited liab                                     | oility company here:                           |  |
| VitalRide Solutions LLC   |  |  |  |
| The new name must be distinguishable and contain the v  | vords "Limited Liabi                                   | lity Company," the design                      | nation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applie  | rable:   | 2696 willow glen cir                           | , kissimmee, fl 34744                        |
| (Principal office address MUST BE A STREE   | ET ADDRESS)  |  |  |
| Enter new mailing address, if applicable:   |  | 2696 willow glen cir                           | r. kissimmee, fl 34744                       |
| The new name must be distinguishable and contain the words "Limited Liab  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: |  | किंदि क्ष                                      |  |
| agent and/or the new registered office addre  | registered office : ss here: 2696 willow gle kissimmee |  |  |
|   |  | City   |  |

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

ALL DOMINICAN CAKE LLC

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> | Address | Type of Action                   |
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| ffective date, if other than the date must be date. If the date is listed, the date must be date.   | ate of filing:                                       |  | (o  | ptional)  |                             |                 |
| an effective date is listed, the date must be one of the date inserted in this block the date inserted in this block the date must be one of the date | e specific and cannot be prick does not meet the app | ior to date of filing c<br>licable statutory f | or more than 90 days a<br>Tling requirements. | fter filing.) Pur<br>this date will   | suant to 605<br>not be list | 5,0207<br>ed as |
| ocument's effective date on the Dep   | artment of State's record                            | ds.  |   |   | The tre that                |                 |
|   |  |  |   |   |                             |                 |
| record specifies a delayed effective in filed.  | date, but not an effective                           | time, at 12:01 a,                              | m, on the earlier of                          | (b) The 90t   | h day afte                  | r the           |
|   |  |  |   |   |                             |                 |
| December 9<br>ated  | 2024   |  |   |   |                             |                 |
|   | ·  | <del></del> ·                                  |   |   |                             |                 |
| aled  | <i>t</i>   |  |   |   |                             |                 |
|   | ignature of a member or au                           |  |   |   |                             |                 |

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