## L23000349927

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor				
Envy Ridez				
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Dennis G Vargas SR			
		Name of Person		
	Envy Ridez LLC			
	<del> </del>	Firm/Company	<del> </del>	
	623 N Grandview Ave Suite 298			
		Address		
	Daytona Beach FL #2118			
		City/State and Zip Code		
	dgvargas@envyridez.com	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ca			
Dennis G Vargas Sr		386 383-3492		
Name o	f Person	Area Code Daytime	- Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address: Registration Sec	Stion	
Registration Division of C		Division of Cor		
P.O. Box 632	-	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Envy Ridez LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number \(\frac{\text{L23000349927}}{\text{L23000349927}}\).	were filed on July 25.2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	623 N Grandview Ave	
Principal office address MUST_BE A STREET ADDRESS)	Suite 298	20.73
	Daytona Beach Fl 32118	٠٠ ٠٠
Enter new mailing address, if applicable:	623 N Grandview Ave	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	Suite 298	<u>ئ</u> ئىد
	Daytona Beach Fl 32118	·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:	Enter Florida street address	
	, Florid	
	Ciņ·	Zip Code

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 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
			□Add
			□Remove
			□Change
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be pote: If the date inserted in this block does not meet the appearment's effective date on the Department of State's reco	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0 plicable statutory filing requirements, this date will not be liste
record specifies a delayed effective date, but not an effectivis filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated August 30	
Dennin S. Varp-	nuthorized representative of a member
J. VW	

Filing Fee: \$25.00