

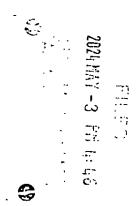
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COVER LETTER

TO: Registration S Division of Co			
Envy Rido SUBJECT:	ez I.I.C		
	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are subsondence concerning this matter	•	
	Dennis G Vargas		
		Name of Person	
	Envy Ridez LLC		
		Firm/Company	
	601 S Seneca Blvd		
		Address	
	Daytona Beach FL 32114		
		City/State and Zip Code	
	dgvargas@envyridez.com E-mail address:	to be used for future annual report notif	fication)
For further information	concerning this matter, please of	-	
Ninotshka N Vargas		386 795-5693	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Addre	wer	Street Address	

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

Envy ridez LLC	
(<u>Name of the Limited Liability Company</u> : (A Florida Limited Liab	is it now appears on our records.) ility Company)
he Articles of Organization for this Limited Liability Company we lorida document number $\frac{1.23000349927}{1.23000349927}$.	re filed on July 25, 2023 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
nvy Collectibles LLC	
he new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	3
	202
-	7024 HAY
	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	<u> </u>
Auiling address MAY BE A POST OFFICE BOX)	
_	· 35-
	~ 1 €
3. If amending the registered agent and/or registered office add	ress on our records, enter the name of the new reg
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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.

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
			□Add
			□ Remove
			☐ Change
			
			□Remove
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Mastiva data if athan	than the date of fili	May 1, 2024		(optional	\
TIPETIVE HAIR. II OHIDET	ne date must be specific ε	and cannot be prior to		an 90 days after filing	g.) Pursuant to 605.0207 (
f an effective date is listed, t			ie statutory ming requ	uirements, this date	e will not be listed as t
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f an effective date is listed, t Note: If the date inserted					
f an effective date is listed, the Mote: If the date inserted locument's effective date are record specifies a delayer	on the Department o	of State's records.	e, at 12:01 a.m. on the	e earlier of: (b) T	he 90th day after the
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