## L23000 355 346

(Requestor's Name)
(respector o marrie)
(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:





100440712891

12/10/24--01026--021 \*\*30.00

SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

.

TO:

TO: Registration Se Division of Cor		•		
		FORSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del> _	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	RUBEN D RICHIEZ			
		Name of Person		
	RDR MOTORSFORT LLC			
		Firm Company		
	6212 ALL AMERICAN BLVD			
	Address ORLANDO FL 32810			
		City/State and Zip Code		
	RDRAUTOS@GMAIL.CO			
For further information c	h-mail address: ( oncerning this matter, please c	to be used for future annual report notificall:	cation)	
RUBEN D RICHIEZ	-	321 261 7552		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sect	tíon	
Division of C	orporations	Division of Corp	ocrations	
P.O. Box 632		The Centre of Ta		
P.O. Box 652 Tallahassee, l			Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.) )	
The Articles of Organization for this Limited I Florida document number L23000355346		12-05-2024	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name		here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		<del>-</del>	
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the r</u>	name of the new regis
Name of New Registered Agent:	RUBEN D RICHIEZ		
New Registered Office Address:	6212 ALL AMERICAN BLVD		_
	Enter F	lorīda sīrvēt address	
	ORLANDO FL	, Florida	1 33810 Zip Code
	Cirv		

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YUDELKA A SOSA	6212 ALL AMERICAN BLVD	🗀 Add
		ORLANDO FL 32810	_
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
***			□Add
			□Remove
			□Change
		4.4 7	□Add
			□Remove
			□Change
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			□Remove
			E.O.

	<del></del>
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	[ ^
	N/A
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lf an effec <u>Note:</u> T	te date, if other than the date of filing:
e record rd is file	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 d.
Dated _	DECEMBER FIFTH 2024
	Signature of a member or authorized representative of a member