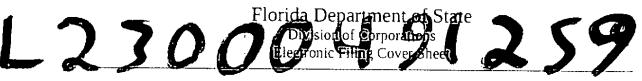
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000388952 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

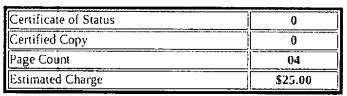
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL PURPOSE DETAILING LLC





Electronic Filing Menu Corporate Filing Menu

Help

11/9/2023 05:40:28 PST

To: 18506176383

Page: 2/4

From: Registered Agents Inc

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Purpose Detailing LLC		
(Name of the Limited Liability (A Florada	y Company as it now appears on our recor Limited Liability Company)	<u>'ds.</u>)
(Similar Blacking Company,	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/27/23	and assigned
Florida document number L23000491259		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Ride Revival LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR.	ESS)	
Cara and an item and an item at the		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, ente	r the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Designation of OFF		
New Registered Office Address:	Enter Florida street addre	(5)
	, F	lorida Zip Code
	•	Zip Civie
New Registered Agent's Signature, if changing Registered	i Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered aguating filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, a ent as provided for in Chapter 605.	and I am familiar with and
	If Changing Registered Agent, Signature	of New Registered Agent

11/9/2023 05:40:28 PST

To: 18506176383

Page, 3/4

From: Registered Agents Inc.

Fax: 8134365206

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
			Dadd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
	**************************************		□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

To: 18506176383

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Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the ap	pheable statutor	ng or more than 90 o y filing requireme	_ (optional) lays after filing.) Pursuents, this date will no	ant to 605,0207 of be listed as
e record specifies a delayed effective ord rd is filed.	late, but not an effecti	ve time, at 12:01	a.m. on the earli	er of: (b) The 90th	day after the
	2023				
Dated November 9		······································			
Dated November 9	NW	Snr	th.		
Dated November 9 Si	gnature of a member or a	•			