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COVER LETTER

Division of Cor			
Fair Fares,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ndence concerning this matter	to the following:	
	Gia L Weissman		
		Name of Person	
	Fair Fares, LLC		
		Firm/Company	
	3601 Cincinnati Drive		
		Address	
	Holiday, Florida 34691		
		City/State and Zip Code	
	gianna@familycourts.net E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
Gianna Weissman		727 207-4234	
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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

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

ŀ	air Fairs, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	npany were filed on December 6	and assigned
Florida document number L23000540645		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Fair Fares Rideshare, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		230
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2
		تند. ۵
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
		•
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street	address
		
	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:

MCD -	Manager	
mon –	Manager	
AMIDD -	Authorized Member	
AUIDR -	- Authorizeu Mennoer	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Change
			□Add
			□Remove
			□Remove
		 	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. erecord 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 rd is filed. Dated December 8 2023 Signature of a member or authorized representative of a member						
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Filing Fee: \$25.00