24000012492

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COVER	LETTER

TO:	Registration Se Division of Cor				
\$14D.1E7	Airport Rid	les Anytime LLC			
SUBJEX	, li	Name of Lin	ited Liability Company		
The encl	osed Articles of	Amendment and feets) are sub	mitted for filing.		
Please re	aurn all correspo	ndence concerning this matter	to the following:		
		Gabrielle Oliver			
			Name of Person		-
			FirmeCompany		-
		551 Mehlenbacher Rd #2			
		<u> </u>	Address		-
		Belleair Bluffs, FL 33770			
		gabbysairportrides@gmail.	City/State and Zip Code		-
			to be used for future annual repo	ort notification)	
For furth	er information c	oncerning this matter, please c	all:		
Gabrieli	e Oliver		727 333-0.	564	
	Name o	f Person	at () Area Code t	Daytime Telephone Numbe	r
Enclosed	f 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 (addutonal copy is enclose) 	d) Certific:	ate of Status &
	Mailing Addres	<u>×</u>	Street Addr	<u>ess:</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

AIRPORT RIDES ANYTIME LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{01/04/2024}{2024}$ and assigned Florida document number $\frac{1.24000012492}{2000012492}$

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gabrielle's Airport Rides Anytime LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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, <u>enter the name of fire new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	daress
	City	, FloridaZwCode

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. Thereby 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

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			Change
	·		⊡Add
			🗆 Remove
			🗍 Change
			🗆 Add
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			🖸 Remove
- 1			□Add
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			ŪAdd
			🖸 Remove
			🖾 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 12	2024	
-)asn	Me China-	
	Signature of a member of authorized representative of a member	
Gabrielle Oliver		

Typed or printed name of signee