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| (Requestor's Name) |
|---|
| (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: |
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| lumils |
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| OUBTEOT | RIDEXOTICS CAR RENTAL LLC | | | |
|----------------------------|--|---|--|--|
| Sobiect. | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | JOSE CORADINI JEREM | IIAS | | |
| | | Name of Person | | |
| | RIDEXOTICS CAR REN | TALLEC | | |
| | | Firm/Company | | |
| | 8155 Vineland Ave 214 | | | |
| | | Address | | |
| | Orlando FL 32821 | | | |
| | | City/State and Zip Code | | |
| | ridexotics@gmail.com | | | |
| | E-mail address: (| to be used for future annual report no | tification) | |
| For further information | concerning this matter, please c | all: | | |
| Jose Coradini Jeremias | | 978 235-7996 at () | | |
| Name | of Person | Area Code Daytii | me Telephone Number | |
| Enclosed is a check for t | he 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 | | Street Address: | aution. | |
| Registration Division of O | | Registration Section Division of Corporations | | |
| P.O. Box 633 | • | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIDEXOTICS CAR RENTAL LLC | | |
|---|---|------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records. imited Liability Company) | 1 |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on <u>02/13/2024</u> | and assigned |
| Florida document number L24000077990 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | 1,16.12 |
| | | |
| | | .; |
| Enter new mailing address, if applicable: | <u> </u> | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | <u>ප</u> |
| B. If amending the registered agent and/or registered (agent and/or the new registered office address here: | office address on our records, <u>enter th</u> | ne name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| new negistered Office Address. | Enter Florida street address | |
| | , Flor | ida |
| | 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 |
|--------------|------------------------|-----------------------|----------------|
| MGR | SHEYLA TIRADO | 8131 VINELAND AVE 214 | □Add |
| | | ORLANDO FL 32821 | ■Remove |
| | | | Change |
| MGR ——— | JOSE CORADINI JEREMIAS | 8155 VINELAND AVE 214 | = Add |
| | | ORLANDO FL 32821 | □Remove |
| | | | □Change |
| | | | □ Add |
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| ffecti | ve date, if other than the date of filing: (optional) |
| an elle l ote: | etive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | ent's effective date on the Department of State's records. |
| | |
| | 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 |
| l is file | ca. |
| hatad ⁱ | August 7 . 2024 |
| ated_ | · |
| | |
| | |

Typed or printed name of signee