# 12400090478

| (Requesto                        | r's Name)              |
|----------------------------------|------------------------|
| (Address)                        |                        |
| (Address)                        |                        |
| (City/State                      | /Zip/Phone #)          |
| PICK-UP                          | WAIT MAIL              |
| (Business                        | Entity Name)           |
|                                  | · ,                    |
| (Documen                         | t Number)              |
| Certified Copies C               | Certificates of Status |
| Special Instructions to Filing C | Officer                |
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Office Use Only



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# **COVER LETTER**

| TO:             | Registration Section Division of Corpor |   |  | <b>\$</b>               |   |
|-----------------|---|---|--|-------------------------|---|
| SUBJE           | сст: <u>Coalif</u>                      | ion For Driver<br>Name of Lim                   | 'S Right'S LLC<br>ited Liability Company                       | <i>^</i>                |   |
| The en          | closed Articles of Am                   | endment and fee(s) are sub                      | mitted for filing.   |                         |   |
| Plcase          | return all corresponde                  | nce concerning this matter                      | to the following:  |                         |   |
|                 |   | David Hive                                      | abal Ropez Name of Person                                      |                         |   |
|                 |   |   | Name of Person   |                         |   |
|                 |   |   | Firm/Company   |                         |   |
|                 |   | 1442 W 72                                       | ND 51  |                         | <del></del>   |
|                 |   |   |  |                         |   |
|                 |   | Hialeah, FC                                     | 38014  |                         |   |
|                 | _                                       | davidmiraballop<br>E-mail address: (1           | ezagnail eo  | m                       |   |
| For fu <b>r</b> | ther information conc                   | erning this matter, please ca                   |  | report notification)    |   |
| <u>)</u>        | avid Hirabal Name of Per                | Lopez   | at ( <u>786</u> )<br>Area Code                                 | <del>} 79</del> - 09 85 | •   |
|                 | Name of Per                             | son   | Area Code  | Daytime Telepho         | one Number  |
| Enclose         | ed is a check for the fo                | ollowing amount:                                |  |                         |   |
| <b>%</b> \$2.   | 5.00 Filing Fee (                       | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee of Certified Copy (additional copy is enc |                         | \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                 |   |   |  |                         |   |

# Mailing Address:

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

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

| Coalition For Driwrs Rights  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on   | 21. <b>x</b>  |
|--|---------------|
| The Articles of Organization for this Limited Liability Company were filed on  | <u></u>       |
| The Articles of Organization for this Limited Liability Company were filed on  | <b>≺</b> ~~~  |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  | 20 E          |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  | <b>-0</b> [1] |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  | assigned      |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  |               |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  | 5             |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  |               |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  |               |
|  |               |
|  |               |
|  | "L.IC."       |
| Enter new principal offices address, if applicable: 1442 W 72 NB ST Hialeur  |               |
| 1  | 1,FC          |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  33014  |               |
| Trincipal office dualess in cost in a restriction of the second of the s |               |
| <del></del>  | <del></del>   |
|  |               |
| Enter new mailing address, if applicable:  |               |
|  |               |
| (Mailing address MAY BE A POST OFFICE BOX)   |               |
| • <del></del>  |               |
|  |               |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the   | new register  |
| ngent and/or the new registered office address here:   |               |
|  |               |
|  |               |
| Name of New Registered Agent:  |               |
| Now Deviatored Office Address.   |               |
| New Registered Office Address:  Enter Florida street address   |               |
| Lines 1 for the on the third cas   |               |
|  |               |
| , Florida, Elorida   | de            |

## 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 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>  | <u>Address</u>          | Type of Action          |
|--------------|--------------|-------------------------|-------------------------|
| AHBR         | Lucio Farias | 4675 W 18 CT APT 403,   | □Add                    |
|              |              | Hialiah, FL 33012       | <b>⊠</b> Remove         |
|              |              |                         | □Change                 |
| AHBIR        | Ivan Tamayo  | 701 NE IST CT APT 201,  |                         |
|              | •            | Hallandale Beach, FL 33 | 8009<br><b>⊠</b> Remove |
|              |              |                         | □Change                 |
| AHBA         | Lianet Conde | 3400 SW BYET Miami      | Add                     |
|              |              | FL 33165                | □Remove                 |
|              |              |                         | □Change                 |
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| ote:             | we date, if other than the date of filing:   |
| recore<br>is fil | d 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 ed. |
| ated .           | Signature of a member or authorized representative of a member   |
|                  | Rasal  |
|                  | Signature of a member or authorized representative of a member   |
|                  |  |