L2400010 4756

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

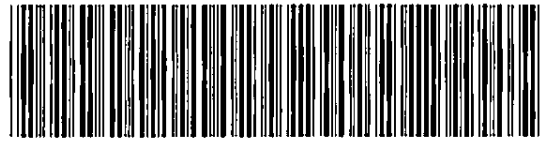☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

04/01/24--01028--013   **25.00

4/10/24
Rukite

FILED
2024 APR -1 PM 4:03

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Joy Ride Jacksonville LLC
_____
                Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

        Matthew Balcet
        _____
                        Name of Person

        Joy Ride Jacksonville LLC
        _____
                        Firm/Company

        630 1st ave apt 32m
        _____
                        Address

        NyNy 10016
        _____
                City/State and Zip Code
        mbrauser@joyridedelray.com
        _____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Balcet   561   213-8939
_____   at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                             (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Flournoy	5000 Kernan Blvd S Apt 706 Jacksonville, FL 32224	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change