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## **COVER LETTER**

	ision of Corp					
viib irzer.	RIDER LOC	GISTICS & TRANSPORT				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		JESUS A. VIELMA ARA	เกิด			
			Name of Person			
			#	<del></del>		
	Fire-Company					
		13425 TALL PALM PL A	PT 303			
			Address			
		RIVERVIEW FL. 33578				
		RIDER.INDRIVER@GMA	City/State and Zip Code			
		<del>-</del>	to be used for future annual report no	otification)		
For further in	iformation co	ncerning this matter, please c	all:		Si Si	
JESUS A. VIELMA ARAUJO		813-378-9	088	ORE	11	
	Name of	Person	Area Code Dayti	ime Telephone Number	2024 JUL 10 AH 10: 09 SECRETARY OF STAT TALLAHASSEE, FL	**************************************
Enclosed is a	check for the	e following amount:			AH IO	
<b>■ \$</b> 25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status & 177	

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**

## RIDER LOGISTICS & TRANSPORT

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000151866</u>	any were filed on March 29, 2024 and assigned
This amendment is submitted to amend the following:	
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 L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	Enter Florida street address  City  City
	agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and compact accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
MGR	DAYANERIES FERNANDEZ	13425 TALL PALM PL APT 303 RIVERVIEW	<b>=</b> Add
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	SEC-	7024 JUL
Effective	date, if other than the date of filing:  (optional)  (ive 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 405, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not to the date it's effective date on the Department of State's records.	
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	
Dated	07/07.2024	
	Signature of a member of anthorized representative of a member	
	JESUS A. VIELMA ARAUJO	

Typed or printed name of signee