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COVER LETTER

TO:

	gistration Se vision of Cor			
ern mereen.		FLORIDA LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		RODNEY BALAIS		
			Name of Person	
			Firm/Company	=
		11753 NW 47TH DRIVE		
			Address	
		CORAL SPRINGS/FLOR	IDA/33076	
			City/State and Zip Code	
		ALECBLA1@GMAIL.CO		
Day Gardan i			to be used for future annual report notif	ication)
ror turtner i	ntormation c	oncerning this matter, please ca	all,	
RODNEY I	BALAIS		561 9262166 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne 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)
	iling Addres		Street Address: Registration Sec	ction
	_	Corporations	Division of Con	
P.0	D. Box 632	7	The Centre of T	allahassee
Ta	Hahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOY -1 PM 4: 58

JOYRIDE FLORIDA LLC

(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 $\underline{\frac{MAY}{20}}$, $\underline{\frac{2024}{2000}}$ ____ 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 Liability 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) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
AMBR	OLAFUR WILLIAM HAND	SKILDINGANES 30,20	≅ Add
		REYKJAVIK, ICELAND	□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			
			Remove
			□Change
			□Add
			□Remove
		- 	□Change
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			Remove
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Tect	ive date, if other than the date of filing: (optional) fective 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
an eff	fective 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
ore.	nent's effective date on the Department of State's records.
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Filing Fee: \$25.00