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07/19/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YOU RIDE 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:

HECTOR BONILLA

Name of Person

YOU RIDE LLC

Firm/Company

3413 GREAT POND DR

Address

KISSIMMEE, FLORIDA 34744

City/State and Zip Code

RAPIDTAXBUSINESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR BONILLA

407 401-5898

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 &  
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 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

**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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          | <input type="checkbox"/> Change |

CLAY COUNTY STATE  
CLAY COUNTY, FL  
JUN 19 9:21 AM

1971 19 AM 9:21  
CLARK COUNTY OF STATE  
CLARK COUNTY, FL

19 MAR 9:21  
U.S. DEPT OF STATE  
WASHINGTON, DC 20520-1225  
TEL: 202-462-1225

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated           JULY 19          ,           2024          

Hector O Bonilla  
Signature of a member or authorized representative of a member

HECTOR O BONILLA

Typed or printed name of signee

**Filing Fee: \$25.00**