## 62400033764

(Requestor's Name)
(Address)
(Address)
(City/State/Zin/Phone #)
(Onyotale/Lips Hole #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Comes Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				
YOU RIDE	ELLC			
SUBJECT:	Name of Litt	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HECTOR BONILLA			
		Name of Person		
	YOU RIDE LLC			
	<del></del> ,	Firm/Company	-	2 · · · · · · · · · · · · · · · · · · ·
	3413 GREAT POND DR		, ,	
		Address	71.5	<del></del>
	KISSIMMEE, FLORIDA	34744	60 TV 69 CT 60 TV	
		City/State and Zip Code		نه ټر
	RAPIDTAXBUSINESS@0		己名	2
		to be used for future annual report not	fication)	
For further information of	concerning this matter, please of	all:		
HECTOR BONILLA		407 401-5898 at ( )		
Name o	of Person		e Telephone Number	-
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:		
Registration : Division of C		Registration Se Division of Cor		
P.O. Box 632	27	The Centre of T	•	
Tallahassee,	FL 32314	2415 N. Monro	c Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALL MY RIDE LLC			
(Name of the Limited Liability Com (A Florida Limite	nny as it now appears on our receded Liability Company)	0£&?')	
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/22/2024		_ and assigned
florida document number L24000237164			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited li	ability company here:		
YOU RIDE LLC			
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			.:
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
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		ني <i>ا</i> رب ايبارب	6
Enter new mailing address, if applicable:		근목	<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>ent</u>	ter the name	of the new regis
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
·	Enter Florida street add	dress	
<u></u>		Florida	
	Cin		Zip Code

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>	Name	Address	Type of Action
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١,			Remove
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tive date	e, if other than the date of the is listed, the date must be specified.	of filing:	o date of filing o	r more than 90 c	_ (optional) lays after filing.)	Pursuani	L to 605.0
🗓 If the d	ate inserted in this block doo fective date on the Departm	es not meet the applica					
mem ser	ective thate of the Departin	che of State & records.					
ord specif	ies a delayed effective date.	but not an effective tin	ne, at 12:01 a.:	n, on the earli	er of: (b) The	: 90th da	ıy after
d	JULY 19	,					
		Hector O Bo					

Filing Fee: \$25.00