

L24000 237 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

Office Use Only



200440398552

12/02/24--01011--007 **25.00

2024 DEC -2 PM 12:05
FILED

2024 DEC -2 AM 9:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

RACK IN 4U LLC

ECT: _____
Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

HECTOR BONILLA

Name of Person

RACK IN 4U LLC

Firm/Company

3413 GREAT POND DRIVE

Address

KISSIMMEE, FLORIDA 34746

City/State and Zip Code

MI_PROPIEDAD@OUTLOOK.COM

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

Other information concerning this matter, please call:

HECTOR BONILLA

Name of Person

at (407) 401-5898
Area Code Daytime Telephone Number

enclosed is a check for the following amount:

☐ \$5.00 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

FILED
2024 DEC -2 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YOU RIDE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05/22/2024 and assigned
document number L24000237164.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

WIK IN 4U LLC

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

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

City

Florida

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

FILED
2024 DEC -2 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

= Manager

R = Authorized Member

<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
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change

FILED
2019 DEC - 2 AM 04:17
SECRETARY OF STATE
TALLAHASSEE, FL

Submitting any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2024 DEC -2 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FL

Effective date, if other than the date of filing: _____ (optional)

If an effective 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 605.0207 (3)(b)

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.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: DECEMBER 5TH

2024

Signature of a member or authorized representative of a member

HECTOR O BONILLA

Typed or printed name of signee