## L24000383952

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## **COVER LETTER**

	egistration Se vision of Cor				
	FLEX2RID	E LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Andrew Pierce			
			Name of Person		
		Cindy's Florida LLC			
			Firm/Company	. <del>-</del>	<u></u>
	8051 N. Tamiami Trail STE E6				
			Address		
		Sarasota, Florida, 3424	3	<u> </u>	
			City/State and Zip Code		
		reports@cloudpeaklaw.c	om to be used for future annua	l report potification	<u></u>
For further	information c	oncerning this matter, please c		. , , , , , , , , , , , , , , , , , , ,	•,
Andrew F	Pierce		307 6	83-0983	
	Name o	f Person	Area Code	Daytime Telep	phone Number
Enclosed is	s a check for th	ne following amount:			
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	.O. Box 632	Section Corporations 27	Regist Division The Co	Address: ration Section on of Corporat entre of Tallah	ions assee
T	allahassee.	FL 32314	2415 N	N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLEX2RIDE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L24000383952	were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
inter new principal offices address, if applicable:	2461 Weeping Fig Ave, Suite 307	. 2
Principal office address MUST BE A STREET ADDRESS)		
	Apopka , Florida, 32703	· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	2461 Weeping Fig Ave, Suite 307	O []
	Apopka , Florida, 32703	<del>-:: ω</del>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	e of the new reg
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Ciţv	глр Соае

## 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 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>	Address	Type of Action
			□Add
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this occurrent's effective date on the	block does not meet the applic	(opt r to date of filing or more than 90 days afte eable statutory filing requirements, the s.	<b>ional)</b> er filing.) Pursuant to 605.020 iis date will not be listed a
record specifies a delayed effect is filed.	tive date, but not an effective t	time, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
09/10	2024		
09/10 ated	, 2024	-///	
ated	,	norized representative of a member	