L24000456560

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COVER LETTER

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Co				
	ofessional Services LLC			
SUBJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Christopher R DeMott			
		Name of Person		
		Firm/Company		
		гинсотрану	2024 SE	
	2456 Roslyn Ln		TARE TO	٠
		Address	LAHARS	••
	Lakeland FL 33812		FS P	[-
		City/State and Zip Code	SECRETARY OF STATE TALLAHASSEE, FL	13.1
	E-mail address; (to be used for future annual report noti	fication) FAT 25	
For further information of	concerning this matter, please co	all:	<i>t</i>	
Christopher R DeMott		863 860-8862 at ()		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he 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 Addre Registration	Section	Street Address: Registration Sec		
Division of C P.O. Box 631		Division of Cor The Centre of T		
1 32, 1203 172	- •	THE COME OF I	ununuayy	

2415 N. Monroe Street, Suite 810

Tallahasséé, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i-Drive Professional Services LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000456560</u> .	were filed on 10/28/2024	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter			
	, Florida			
	Ciry	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is		

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
AMBR Erin S DeMott		2456 Roslyn Ln Lakeland FL 33812	
			Remove
			[] Change
			🗀 Add
			Remove 2024
			SECCHETARY OF SEC
			OF SECOND 25

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(If an et <u>Note:</u>	ive date, if other than the date of filing:	ant to 605.02 of be listed	07 (3 ฟก) as the	
If the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th led.	day after th	le	
Dated	10-31 2024			
	(/Jan			
	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00

Typed or printed name of signee