

L25000064691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

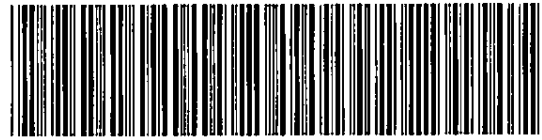
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
JH  
2/9/26

Office Use Only



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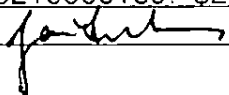
2026 FEB -6 AM 11:56  
TALLAHASSEE, FL

FILED

2026 FEB -6 AM 11:56  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$25.00

Authorization Signature: 

Holy Rides Transportation Network LLC

Business Name

#Document

Walk in \_\_\_\_\_ Will wait

\_\_\_ Certified Copy of Articles of Organization

\_ Certificate of Good Standing:

**NEW FILING**

\_\_\_ Profit  
\_\_\_ Not for Profit  
  
\_\_\_ LLC  
\_\_\_ Domestication  
\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ LP

**AMENDMENTS**

X Amendment  
\_\_\_ Resignation of R.A., Director or  
Member  
\_\_\_ Change of Registered Agent  
\_\_\_ Articles of Dissolution  
\_\_\_ Conversion  
\_\_\_ Statement of Correction  
\_\_\_ Merger  
Revocation of Dissolution

**OTHER FILINGS**

\_\_\_ TRADE MARK RENEWAL  
  
\_\_\_ Fictitious Name  
  
\_\_\_ Statement of Authority  
  
\_\_\_ APOSTIL \_\_\_\_\_  
                                  COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ Statement of CORRECTION  
\_\_\_ Foreign - Withdrawal of Authority  
\_\_\_ Domestication of a Foreign Corp.  
  
\_\_\_ Other



# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **HOLY RIDES TRANSPORTATION NETWORK 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:

Gabriel Cabarris

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2704 18th Street S

\_\_\_\_\_  
Address

St.Petersburg, Florida 33712

\_\_\_\_\_  
City/State and Zip Code

contact.holyrides@gmail.com

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

For further information concerning this matter, please call:

Gabriel Cabarris

727 766-2819

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

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

FILED  
2026 FEB -6 AM 11:57  
TALLAHASSEE, FL

HOLY RIDES TRANSPORTATION NETWORK LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/05/2025 and assigned Florida document number L25000064691

This amendment is submitted to amend the following:

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

Holy Rides Transportation Brokerage, LLC

The 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. 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*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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 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>
AP	Dielande Cabarris	2704 18th Street S St.Petersburg, FL 33712	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Change Article 3 to the following:

Holy Rides Transportation Brokerage, LLC provides

passenger transportation coordination services throughout Florida.

We act solely as a transportation brokerage, helping individuals, organizations,

and institutions connect with independent transportation providers that meet

applicable licensing and insurance requirements.

Holy Rides does not provide rides, employ drivers, own vehicles, or function as a

Transportation Network Company (TNC). All rides are fulfilled by independent

third-party transportation providers.


**E. 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.

If the 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 record is filed.

Dated 02/05 , 2026

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gabriel Cabarris  
\_\_\_\_\_  
Typed or printed name of signee