

MD8 00000 5593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

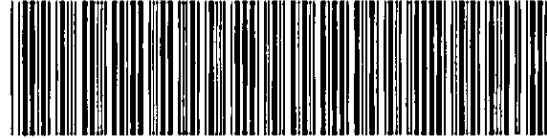
(Business Entity Name)

(Document Number)

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

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20 JAN -9 PM 1:08  
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FALL JUNCTION, IL 61034  
65

FEB - 4 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RIDE RIGHT TRANSIT, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANA TOD, LEGAL COORDINATOR

Name of Person

MTM TRANSIT, LLC (formerly RIDE RIGHT TRANSIT, LLC)

Firm/Company

635 MARYVILLE CENTRE DR, STE 300

Address

ST. LOUIS, MO 63141

City/State and Zip Code

DTOD@MTM-INC.NET

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

For further information concerning this matter, please call:

DANA TOD at ( 636 ) 695-5555  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: RIDE RIGHT TRANSIT, LLC

Enter new principal office address, if applicable: N/A

(Principal office address N/A

MUST BE A STREET ADDRESS) N/A

Enter new mailing address, if applicable: N/A

(Mailing address N/A

MAY BE A POST OFFICE BOX) N/A

2. The Florida document number of this limited liability company is: M08000005593

3. Jurisdiction of its organization: MISSOURI

4. Date authorized to do business in Florida: 12/30/2008

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: MTM TRANSIT, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

SOUTHEAST MTM TRANSIT, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: N/A

*Enter Florida Street Address*

N/A, Florida N/A  
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

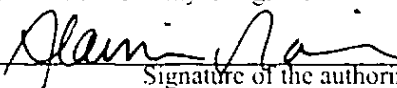
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
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		N/A	<input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

ALAINA MACIA, MANAGER & CEO

Typed or printed name of signee

Filing Fee: \$25.00

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF AMENDED ARTICLES OF ORGANIZATION

WHEREAS,

*MTM Transit, LLC*  
*LC0937700*

FORMERLY,

*Ride Right, LLC*

filed its amended Articles of Organization with this office and WHEREAS that filing was found to conform to the Missouri Limited Liability Company Act:

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, by virtue of authority vested in me by law do hereby certify and declare that the above entity's Articles of Organization are amended.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of December, 2019.

Effective Date: January 01, 2020

  
Secretary of State

