(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: This R	ide's For Then	n, Inc.
DOCUMENT NUMBER: N150000	000489	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Dwayne Jojola		
	(Name of Contact Perso	n)
This Ride's For Them		
	(Firm/ Company)	
25099 Rattler		
	(Address)	
Brooksville, Florida 34	1601	
	(City/ State and Zip Cod	e)
jojousmc27@g		
E-mail address: (to b	e used for future annual report	notification)
For further information concerning this matter, p	olease call:	
Dwayne Jojola	_{at} 970	590-9466
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing F Certificate of S	tatus Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

This Ride's For Them			
(Name of Corporation as currently filed with the FI	orida Dept. of State)		
N15000000489			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation	n adopts the follow	wing
A. If amending name, enter the new name of the corpora	tion:		
NA		The i	ทคพ
name must be distinguishable and contain the word "corpord" "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation		
B. Enter new principal office address, if applicable:	NA	2	9 OF
Principal office address <u>MUST BE A STREET ADDRESS</u>			
			PR Z
	***************************************		24
C. Enter new mailing address, if applicable:	NA		MIS APR 24 PH 2: 32
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			₩.
			32
	-		
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of	the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent: NA			
New Registered Office Address:	(Florida street address)		
	, Florida		_
(City))	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		ne position.	
Signature of New	Registered Agent, if changing		

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X. Change X. Remove X. Add	V Mil	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Don Ward	8393 Windridge Way
Add			Weeki Wachi, FL
X Remove			34613
2) Change	S	Ellen Ward	8393 Windridge Way
Add			Weeki Wachi, FL
X			34613
3) Change	D	George LaMont	3408 Longford Ln
Add			Brooksville, FL
X Remove			34601
4) Change	VP	Robin Ross	25096 Rattler
X_Add			Brooksville, Florida
Remove			34601
5) Change			,
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (attach additional sheets, if neces	sary). , (Be specif	ic)		
NA				
	······································			
		·		
*			, <u>, , , , , , , , , , , , , , , , , , ,</u>	
		·········	······································	
				
- 44 Mark	.			
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			4.04 (-7.)	

The	e date of each amendment(s) adoption: 22 April 2015	, if other than the
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 21 April 2015	
	Signature Duran Logion (22)	
	(By the charman or vice charman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Dwayne Jojola	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	