P09000041239

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RELIABLE RIDES INC P09000041239 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alberto Piral Name of Contact Person Reliable Rides Inc. Firm/ Company 2430 N Dixie Hwy Address Wilton Manors 33305 City/ State and Zip Code goreliablerides@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 424-2821
Area Code & Daytime Telephone Number Alberto Piral Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$43,75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of St	ate)
209000041239		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, t is Articles of Incorporation:	his <i>Florida Profit Corporation</i> adopts th	ne following amendment(s)
. If amending name, enter the new name of the corporation	<u>:</u>	
√/Λ		The new
name must he distinguishable and contain the word "corporation," lnc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.	. A professional corporation name m	abbreviation "Corp.,"
3. Enter new principal office address, if applicable:	N/A	2026
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		47
	-	
Enter new mailing address, if applicable:	3877 San Simeon Circle	6.
(Mailing address MAY BE A POST OFFICE BOX)	Weston Florida 33331	
). If amending the registered agent and/or registered office a	address in Florida, enter the name of t	he
new registered agent and/or the new registered office add	ress:	
Name of New Registered Agent Alberto Piral		
3877 San Simeon		
(Floride	a street address)	
		33331
New Registered Office Address: Weston	, Florid	da

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPS	Johnson Gail	2430 N Dixie Hwy
Add			Wilton Manors 33305
X Remove			
2) Change	DPS	Piral Alberto	2430 N Dixie Hwy
X Add			Wilton Manors 33305
Remove 3) Change	DVP	Johnson Edward	2430 N Dixie Hwy
Add			Wilton Manors 33305
X Remove 4) Change	DVP	Marin Omar R, Sr	2430 N Dixie Hwy
X Add			Wilton Manors 33305
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	litional sheets, if necessary). (Be specific)
-	
	idment provides for an exchange, reclassification, or cancellation of issued shares,
n amer	s for implementing the amendment if not contained in the amendment itself:
<u>vision</u>	s for implementing the amendment is the contained in the amendment inserts
vision	t applicable, indicate N/A)
<u>vision</u>	t applicable, indicate N/A) Cancelation of previous issued shares.
ovision (if no	t applicable, indicate N/A)
ovision (if no	t applicable, indicate N/A) Cancelation of previous issued shares.
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ovision (if no	t applicable, indicate N/A) Cancelation of previous issued shares.
ovision (if no	t applicable, indicate N/A) Cancelation of previous issued shares.

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The date of each amendment(s) adoption:	, 'if other than th
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	tte will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated 7. 20 2020 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	rt ·
GAIL JOHNSON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	