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SECRETARY OF STATES OF STA

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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: MICKENS RILLES 4 1855 INC					
DOCUMENT NUMBER: PISODOTY 901					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Clara R Jackson	_				
Name of Contact Person  Milles 4 185 tho					
Firm/ Company					
7202 Lem Turner circle	_				
Address					
LACKSONVILL AC 32208	_				
City/ State and Zip Code  + Mickens © Comcastinet  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Olara Lickson at 904 613-7823					
Name of Contact Person Area Code & Daytime Telephone Number	er				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## **Articles of Amendment**

## **Articles of Incorporation** (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

Rides 4 less Inc		The ne
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," d word "chartered," "professional association," or the abbreviation	or "Co". A professional corp on "P.A."	oration name must contain th
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5757 Carve	ercircle 17132208
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JOST Lem	Turner circle
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi		ame of the
Name of New Registered Agent		
(Floride	a street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)

Signature of New Registered Agent, if changing

NIA

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<del></del>
Remove			
2) Change			
Add			
Remove			
3) Change	<del> </del>	<del>-</del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		<del></del>	
Add Remove			· · · · · · · · · · · · · · · · · · ·
Kelilove			<del></del>
6) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
Name update or Change only. New to drop
Name update or Change only. Need to drop Mickens. Name of Corporation Should Read
Rides 4 Jess Inc
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N/A$ )

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5 30 20 5	
(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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Club Paulson  (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 court	
appointed fiduciary by that fiduciary)	
Olara R. Jackson	
(Typed or printed name of person signing)	
President	
(Title of person signing)	