

L14000012246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

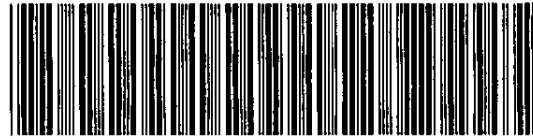
(Business Entity Name)

(Document Number)

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EX-100

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Bellman Enterprises, 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:

**John R Bellman**

Name of Person

**Classic Custom Carts**

Firm/Company

**4428 Vista Lane**

Address

**Lynn Haven, FL 32444**

City/State and Zip Code

**flajayhawk@ymail.com**

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

For further information concerning this matter, please call:

**John R Bellman**

Name of Person

at **(850) 819-6753**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**Bellman Enterprises 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 01/23/2014 and assigned Florida document number L14000012246.

This amendment is submitted to amend the following:

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

**Classic Custom Carts LLC**

The new name must be distinguishable and end with 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)**

4428 Vista Lane

Lynn Haven

FL 32444

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:

Karen M Bellman

New Registered Office Address:

4428 Vista Lane

Enter Florida street address

Lynn Haven

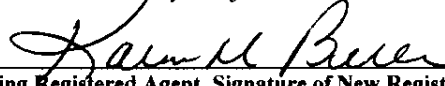
City

Florida 32444

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Karen M Bellman	4428 Vista Lane	<input checked="" type="checkbox"/> Add
		Lynn Haven, Fl 32444	<input type="checkbox"/> Remove

AMBR	John R Bellman	4428 Vista Lane	<input checked="" type="checkbox"/> Add
		Lynn Haven, FL 32444	<input type="checkbox"/> Remove

AMBR	KAREN M. BELLMAN	4428 VISTA LANE	<input type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Remove

MGR	JOHN R. BELLMAN	4428 VISTA LANE	<input type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

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

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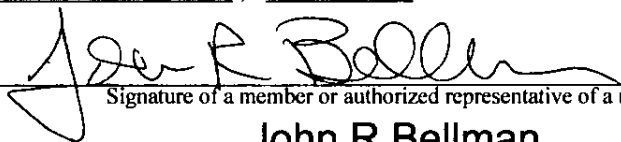
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 01/24, 2014



Signature of a member or authorized representative of a member

**John R Bellman**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 12 P 10:02  
FILED  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2014

JOHN R. BELLMAN  
4428 VISTA LANE  
LYNN HAVEN, FL 32444

SUBJECT: CLASSIC CUSTOM CARTS LLC  
Ref. Number: L14000012246

We have received your document for CLASSIC CUSTOM CARTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are removing or adding MGR/AMBR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 414A00002169

2014 FEB 12 PM 10:02  
FEB 12 2014