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Certified Copies	Certificates	of Status
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22 MAY 13 PM 3: 23

T. MATTHEWS MAY 26 2022



RECEIVED

2022 MAY 13 AM 7:55

SECTLANTE STATE TALLAH GOTE, FL

April 26, 2022

JIM SHATZ 2814 KIPPS COLONY DRIVE SOUTH GULFPORT, FL 33707

SUBJECT: ST. PETE PEDICAB, LLC

Ref. Number: L15000136701

We have received your document for ST. PETE PEDICAB, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Tekayla T Matthews OPS

Letter Number: 622A00009699

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION-OF CORPORATION

22 MAY 13 PH 3: 23 ed Liability Company as it now appea (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

## 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.

Cin

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Gulsport FL33707	Remove
			□Change
MIGR	Tyler Thompson	40 John Street Windor Locks CT 060	
	•	Windor Locks CT 060	<u>¶¢</u> □Remove
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Filing Fee: \$25.00