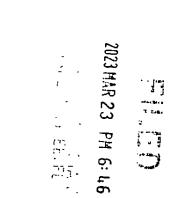
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(City	//State/Zip/Phone	e #)
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COVER LETTER

Division of Corp		•		
The Beach C	ruiser Company, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Becker Mohanco			
		Name of Person		
	The Beach Cruiser Compa	ny, LLC		
		Firm/Company		
	2000 Drake Road			
		Address		
	Pensacola, Florida 32503			
		City/State and Zip Code		
	bmohanco@gmail.com	to be used for future annual r	eport notification)	
For further information co	ncerning this matter, please of		•••••	
Becker Mohanco	· · · · · · · · · · · · · · · · · · ·	850 418	-0643	
Name of	Person	at () Area Code	Daytime Telephone Number	_
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of	Status &
Mailing Address	<u>:</u>	Street Ad	dress:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Beach Cruiser Company, LLC	
(Name of the Limited L (A F	inbility Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number	24244
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
	783
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ARR 73
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	x) 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
-	City 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Jennifer Mohanco	2000 Drake Road, Pensacola FL 32503	
			□Remove
			Change
			□Add
			🗆 Remove
			□Change
			□ Remove
			□Remove
		☐ Change	
			□Add
		□Remove	
			□Change
			□ Add
			□Remove
			□Change

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Note: If the date in	ther than the date sted, the date must be spe serted in this block do e date on the Departin	es not meet the	applicable statu	filing or more than story filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.020 vill not be listed as
	es a delayed effe after the record is		out not an eff	fective time, a	t 12:01 a.m. o	n the earlier o
March 20		2023	} 			
			,			
	Signal	tire of a member	or authorized ren	resentative of a me	mber	

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Filing Fee: \$25.00