## L17000258684

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	_
(Busiless Entity Hame)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	-
	6/24/21
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## **COVER LETTER**

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Registration Section

TO:

Div	ision of Cor	porations		
eun meer.	BEACH'N	BIKES, LLC		v
SUBJECT:		Name of Lim	nited Liability Company	<del></del>
The encloses	l Articles of	Amendment and fee(s) are sub	amitted for filing	
			_	
Please return	all correspo	ondence concerning this matter	to the following:	
		JEFFREY PANSIERA		
			Name of Person	
		BEACH'N BIKES, LLC		
			Firm/Company	<del></del>
		4221 129TH ST W		
			Address	
		CORTEZ, FL 34215		
		<del> </del>	City/State and Zip Code	
		JEFF@BEACHNRIDES.C		·-
			to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please c	all:	
JEFFREY P.	ANSIERA		941 725-3756 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
Reg Div	iling Addres gistration S vision of C D. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations
_	lahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

A STATE OF THE STA

BEACH'N BIKES, LLC

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(ATTO	ida Emmed Elaomiy Company	
The Articles of Organization for this Limited Liability Florida document number L17000258684	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	·	enter the name of the new registered
New Registered Office Address:		
	Enter Florida street	address
	Civ	
	Ciry	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

		-		
<b>,</b> ,	ų		; ;	

<u>Title</u>	Name	Address 21 HAY 2	4 PH 3: Type of Action
AMBR	TERRY A PANSIERA	4221 129TH ST W	
		CORTEZ, FL 34215	■Remove
			Change
			□Remove
			□Change
		-	
			□Remove
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ive date, if other than the date of filing: _	(optional)
ective date is listed, the date must be specific and can	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the applicable statutory filing requirements, this date will not be listed
ent's effective date on the Department of State	
	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
led.	
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MAY 20TH 20	
Signature of a mem	ber or authorized representative of a member

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