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COVER LETTER

10.	Division of Cor		•	•
e110 ticz	BEACH'N I	BIKEŚ, LLC	•	•
SUBJEA	"T':	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JEFFREY PANSIERA		
			Name of Person	
		BEACHEN BIKES, LLC		
			Firm'Company	
		4221 129TH ST W		
			Address	
		CORTEZ, FL 34215		
		IFFE DE COUNTINGE SE	City/State and Zsp Code	
		JEFF@BEACHNRIDES.CO E-mail address: 0	OM to be used for future annual report nonticution	• • • • • • • • • • • • • • • • • • •
For furth	ner information c	oncerning this matter, please ca	all:	2021 DEC 13
JEFERF	Y PANSIERA		941 725-3756	
	Name o	f Person	at () Area Code — Daytime Telep	20 A
Hinclosee	d is a check for th	ne following amount:		9: L3
± \$25	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing free & Certified Copy (additional copy is enclosed)	Soft of Eric of Fe Certificate of Status & Certificate Opy radditional copy is exclused)

Mailing Address:

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

Registration Section Division of Corporations The Centre of Tallahussee 2415 N. Monroe Street, Suite 810 Tallahussee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Man Dec 13 may 9, 43

BEACTI'N BIKES, LLC

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

() 110 201°

The Articles of Organization for this Limited Liability	Company were filed on The 196, 417	and assigned
Florida document number L17000258684	·	
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 "I	4.C" or figurely viation (U. U.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		<u> </u>
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		ier the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	
		Florida Zip Cosk:
	City	Typ Confe

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, it this document is being tiled 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 amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	BRANDON CAZEMIRO	5038 W. Lockwood Ridge Rd, Sarasota FL 34231	₩Add
			[*] Remove
			. JChange
			Madd
			URemove
			(¹ Change
			^ []Add
			. Remove
			[] iChange
			' 'Add
			URemove
			³ Change
			· ¹Add
			iRemove
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				s after filing.) Pursuant to 605 0207 (3)
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ecord specifies a delayed effect is filed.				
is filed.	20	21		
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Typed or printed name of signee