## 18000161979

(Re	questor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
	ocument Number)	
(CC	ocument (vumber)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000318475510

09/24/18--01011--014 \*\*25.00



O SOUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Beach Buggy Taxi UC Sime 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:	
Daniel Brock Name of Person	
Beach Buggy Tax, WC	
123 Barton's way w.	
Santa Rusa Boach, FL. 33459 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Daylel Brock at (850) 238-6242  Name of Person Area Code Daytime Telephone Number 2	
Enclosed is a check for the following amount:	۱ تر
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee	

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

Beach Buggy Taxi (Name of the Limited Liability Company	LLC	<u> </u>
(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number\_\8000\\@\\979	ere filed on <u>7-11-201</u>	x8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
RIDE 30A LLC		<u> </u>
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "ilC."
	123 Bartons W	•
(Principal office address MUST BE A STREET ADDRESS)	<u>Santa Rosa B</u>	cach, FL.
		33459
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, en	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	P 2
	, Florida	Gin Code
New Registered Agent's Signature, if changing Registered Agent:	\	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and Le ovided for in Chapter 605, F.S.	ım familiar with and Or, if this document is

lf 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
		<del> </del>	
			☐ Remove
			□ Change
<del></del>			ED Remove
			G.Changer Control of the Control of
			Remove
			□ Change
			☐ Remove
			□ Change

	w . ———————————————————————————————————	
_		
_		
_		
_		_
_		
-		
-		
-		23
-		2010 SEP
-		
_		4.60
_		AH II: 36
-		<u> </u>
_		
Note:	ve date, if other than the date of filing:	Pursuant to 605.0207 (3 ill not be listed as th
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the earlier of:
Dated	9/20/18	
	James See 2	
	Signature of a hember or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00