

48000180490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

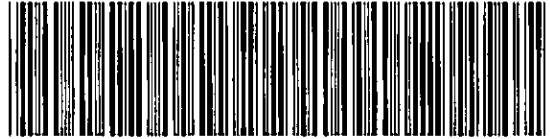
(Business Entity Name)

(Document Number)

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10/29/18--01023--016 **25.00

FILED
18 OCT 29 AM 8:30
TALLAHASSEE, FLORIDA

K. SALY
NOV 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEACHFRONT BUGGIES AND SCOOTERS LLC

Name 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:

ERIC THEIS

Name of Person

GOOD KARMA VENTURES LLC

Firm/Company

4111 MILLER DRIVE

Address

SAINT PETE BEACH FL 33706

City/State and Zip Code

TEAMTHEIS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC THEIS

727 4177883

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

BEACHFRONT BUGGIES AND SCOOTERS, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 27, 2018 and assigned
Florida document number L18000180490

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 "L.L.C."

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:

GOOD KARMA VENTURES, LLC / ERIC THEIS

New Registered Office Address:

4111 MILLER DRIVE

Enter Florida street address

SAINT PETE BEACH

Florida 33706

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

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18 OCT 29 AM 8:30

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIC THEIS	4111 MILLER DR SAINT PETE BEACH FL 33706	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	JENN CIBRONE	4341 MILLER DR SAINT PETE BEACH FL 33706	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	SAM CIBRONE	4341 MILLER DR SAINT PETE BEACH FL 33706	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	JOE CASH	4122 MILLER DR SAINT PETE BEACH FL 337806	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	GOOD KARMA VENTURES LLC	4111 MILLER DR SAINT PETE BEACH FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CFC LLC	4122 MILLER DR SAINT PETE BEACH FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CIBRONE S INC	4341 MILLER DR SAINT PETE BEACH FL 33706	<input checked="" type="checkbox"/> ADD

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE ARE REMOVING THE FOUR INDIVIDUAL MEMBERS AS FOLLOWS: ERIC THEIS, JENN
CIMBRONE, SAM CIBRONE, AND
JOE CASH.

WE ARE ADDING NEW MEMBERS AS FOLLOWS:

GOOD KARMA VENTURES LLC AS MANAGER WITH ERIC THEIS STILL AS AUTHORIZED
REPRESENTATIVE OR REGISTERED AGENT
C & C LLC AS MEMBER

CIBRONE INC AS MEMBER

18 OCT 29 AM 8:35
FILED
TALLAHASSEE, FL 32304

10/26/2018

E. Effective date, if other than the date of filing: _____ **(optional)**

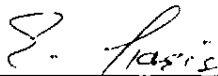
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/26, 2018.



Signature of a member or authorized representative of a member

ERIC THEIS, MGR GOOD KARMA VENTURES, LLC

Typed or printed name of signer