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COVER LETTER

	Registration Sect Division of Corpo				
SUBJEC	Name change	ECO TOURS	LLC		•
SOBJEC		Name of Lim	ited Liability Company		
The encl	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspond	dence concerning this matter	to the following:		
		Joseph D Carroll			
			Name of Person		
		ECO TOURS LLC			
			Firm/Company		
		2248 Pirates Bay Dr			
		Address			
		Fernandina Beach Fl 3203	4		
		2restwell@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For furth	ner information con	cerning this matter, please c	all:		
Joseph I	Denis Carroll		904 33884	115	
	Name of F	Person	Area Code	Daytime Telephone Number	_
Enclosed	I is a check for the	following amount:			
\$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop (additional copy	Status &
	Mailing Address:		Street Add		
Registration Section Division of Corporations P.O. Box 6327			on Section of Corporations		
		Politions		e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO TOURS LLC

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000225215	Company were filed on APRIL 9TH 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Coast eBike Adventures LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
	-	
3. If amending the registered agent and/or register		me of the new registe
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent	:/2

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 pocument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited to be company has been notified in writing of this change.

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>	Name	Address	Type of Action
	 		□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			\(\sigma\) Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an eff Note:	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	Signature of a member or authorized representative of a member
	JOSEPH D CARROLL
	Typed or printed name of signee