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2022 APR 11 AM 6: 26 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS MAY 0 3 2022

COVER LETTER

TO: 'Registration Division of C			1	r
SUBJECT: 30	A Car Storage	LLC	3	<i>#</i>
		ed Liability Company		
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.		
Please return all corres	pondence concerning this matter to	the following:		
	Andrew	Allen Name of Person		
	Peddler			
		Firm/Company		
	701 Serei	nca Rd I	<u>Box 5</u>	
		Address Sa Beac City/State and Zip Code		9459
	andy@letsem	arlandy-COM be used for future annual re		
For further information	concerning this matter, please cal	l:		
	of Person	at (<u>678</u>) Area Code	491 - 48 Daytime Telephi	one Number
Enclosed 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)	□ sed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	ess:	Street Add	Iress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED **OF**

2022 APR 11 AM 6: 27

30A Car Storage	LLC SECRETARY OF STATE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears of Aldr Abra's SEE, FL Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100036437</u> .	were filed on $\frac{2/3/2027}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The Kickstand Bar LL	-C
The new name must be distinguishable and contain the words "Limited Liabi	ity 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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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 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>	<u>Name</u>	Address	Type of Action
			🗆 Add
		□Remove	
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. II AIIICHG	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**	
(If an effection Note: If t	date, if other than the date of filing: (optional) ive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	April 7/) 2022.
	1 1/ 1 /
	Signature of a member or authorized representative of a member