L21000519320

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COVER LETTER

Division of Cor				
SJECT: BO	eachside	Bioucles		
	-	ited Liability Company		
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>,)ess,ca</u>	Sigo Name of Person		
	Beachsi	de Bicycles		
	8534	SIK OOK L	ane_	
	Naples	FL 34	119	
	E-mail address: (Smoil @ cm	ail.com	
For further information e	oncerning this matter, please ca	all:		
Jessica Name o	Sigg (Person J)	at (<u>239</u>) <u>370</u> Area Code Daytime	: Telephone Number	2022
Enclosed is a check for th	ne following amount:			
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	31 PH 1: 05
Mullimy Addms.		Character 1.1.		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beachside Bicycles
(Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{12082}{00052}$ and assigned $\frac{13000519320}{000519320}$.
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:
New Registered Office Address:
Enter Florida street address
, Florida
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.
Trobanda Badan Landa Bana Bana Bana Bana Bana Bana Bana

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>Name</u>	Address	Type of Action
AR	Ashlynn Trombley	18464 Olive Rd	□Add
		FORT Myers, FL 3396	Remove
			□Change
			🗆 🗅 Add
	•		🗖 Remove
			□Change
			□Add
			□Remove
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			□Add
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			Change
			□Add
			□Remove
			□Change

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,	
Note:	ive date, if other than the date of filing:
reco: d is fi	rd 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 led.
Dated	01/35 2022 Jerrica Suze
	Signature of a member of authorized representative of a member JESSICO SIAS
	Jessica Diaa

Filing Fee: \$25.00