## L22000305558

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

. TO:

| TO:           | Registration Se<br>Division of Cor | porations                                    |   |  |
|---------------|------------------------------------|--|---|--|
| CHD IE        | Pedicab Pro                        | operties I LLC                               |   |  |
| SUBJE.        | CI;                                | Name of Lim                                  | ited Liability Company  |  |
|               |                                    |  |   |  |
| The end       | closed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please 1      | return all correspo                | ndence concerning this matter                | to the following:   |  |
|               |                                    | Sharon Jacobs                                |   |  |
|               |                                    |  | Name of Person  |  |
|               |                                    |  | Firm/Company  |  |
|               |                                    | 3076 Bell Grove Dri                          | ive   |  |
|               |                                    |  | Address   | <del></del>  |
|               |                                    | Tallahassee, FI 323                          | 08  |  |
|               |                                    | sharonj378@myme                              | City/State and Zip Code<br>tronet.net                               |  |
|               |                                    | E-mail address: (                            | to be used for future annual report not                             | ification)   |
| For furt      | ther information c                 | oncerning this matter, please c              | all:  |  |
| Ron Goldstein |                                    | <b>,8</b> 50 4 <del>1</del> 3-9146           |   |  |
|               | Name o                             | f Person                                     | Area Code Daytin  | ne Telephone Number  |
| Enclose       | ed is a check for th               | ne following amount:                         |   |  |
| <b>₹</b> \$2: | 5.00 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) |
|               | Mailing Addres Registration S      |  | Street Address:<br>Registration Se                                  | ection   |
|               | Division of C                      | Corporations                                 | Division of Co  | rporations   |
|               | P.O. Box 632<br>Tallahassee, I     |  | The Centre of 2415 N. Monro   | Tallahassee<br>be Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

| Pedicab  | <b>Properties</b> | : 1 | L | LC |
|----------|-------------------|-----|---|----|
| 1 Calcab | 1 TOPOLITOR       | , , | _ | _~ |

2022 AUG - 1 PM 4:51

| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li  | v as it now appears on our records.) ability Company)  SECSETARY OF STATE |             |
|---|---|-------------|
| The Articles of Organization for this Limited Liability Company v   | vere filed on   | assigned    |
| Florida document number   |   |             |
| This amendment is submitted to amend the following:   |   |             |
| A. If amending name, enter the new name of the limited liabil   | ity company here:   |             |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designation "LLC" or the abbreviation                     | 1L.C."      |
| Enter new principal offices address, if applicable:   | 3076 Bell Grove Drive   |             |
| (Principal office address MUST BE A STREET ADDRESS)   | Tallahassee, Fl 32308   |             |
| Enter new mailing address, if applicable:   | same as above   |             |
| Mailing address MAY BE A POST OFFICE BOX)   |   |             |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | idress on our records, <u>enter the name of the </u>                      | iew registe |
| Name of New Registered Agent:   |   |             |
|   |   |             |
| New Registered Office Address:  | Enter Florida street address  |             |
| New Registered Office Address:  | Enter Florida street address , Florida  City Zip Coc                      |             |

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 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 |
|--------------|---------------|-----------------------|----------------|
| AMBR         | Sharon Jacobs | 3076 Bell Grove Drive | [ <b>X</b> Add |
|              |               | Tallahassee, Fl 32308 | □Remove        |
|              |               |                       | □Change        |
|              |               |                       | □Add           |
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| _                    |  |                 |             |                |                  |                                   |                   | ····               |
| Effectiv             | e date, if other thai  | n the date of   | filing:     |                |                  |                                   | (optional)        | za: 220 <b>7</b>   |
| Note: If             | tive date is listed, the date inserted in that's effective date on the | his błock does  | not meet t  | he applicabl   | e statutory fili | iore than 90 day<br>ig requiremen | ts, this date wil | I not be listed as |
| record<br>d is filed | specifies a delayed efi<br>d.  | fective date, b | ut not an e | ffective time  | , at 12:01 a.m.  | on the earlier                    | of: (b) The 9     | 0th day after the  |
| Dated _              | Hy ,   |                 | · _2        | 022            |                  |                                   |                   |                    |
|                      | <i>(1)</i>   | State           | ·<br>_      |                |                  |                                   |                   |                    |
|                      | The -  | 7/0.010 -       |             |                |                  |                                   |                   |                    |
|                      |  | Signature       | e of a memb | er or authoriz | ed representativ | of a member                       |                   |                    |