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(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor		e de la companya de l	. · ·
SUBJECT:	Peddle Bea	dn LLC	*
50bsec 1.		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jay	Scott Hanson Name of Person	
		Firm/Company	
	8700 Fr	ent Beach Rd. Address	unt # 7/03
		City Buch FL City/State and Zip Code	
	S COH (4) E-mail address: (1	base earn oven	ding, com
For further information of	concerning this matter, please ca	ıll:	
J G Name o	y Scott Hanson	at (636) 399- Area Code Daytim	1499 e Telephone Number
Enclosed is a check for t	he 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)

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

Peddle Bega	h LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
Florida document number <u>L22000 536299</u>	were filed on $12/23/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Base Camp Ven The new name must be distinguishable and contain the words "Limited Liabileted	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	203 Bellview Dr. Panama City Beach 1232413
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	203 Bellvieu Dr. Panama City Brach #132413
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	2023 J
	Enter Florida street address , Florida City: City:
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree tecomply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
			□Add
		····	□Remove
			□Change
			□Add
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`an cff <u>Vote:</u>	ive date, if other than the date of filing:
recor l is fi	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 led.
ated	July 10, 2023
	11 n / UTA 1/20
	Signature of a member or anthorized representative of a member

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