

h22 000 201029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

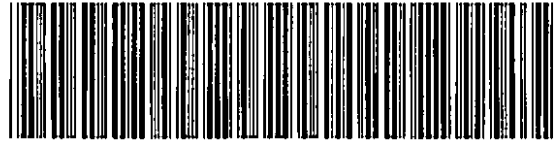
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/22--01009--021 **25.00

FILED
2022 AUG -4 PM 4:35
STATE OF ...

Amend

AUG 05 2022
D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tampa E-Bike Adventures
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Willam Klueber
Name of Person

Tampa E-Bike Adventures
Firm/Company

1412 Mallard Pl
Address

Palm Harbor, FL 34683-6430
City/State and Zip Code

aleandbudi@gmail.com
E-mail address: (to be used for future annual report notification)

2022 AUG -4 PM 4: 36
 RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

For further information concerning this matter, please call:

William Klueber
Name of Person

727 916-2413
at () Area Code Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2022

WILLIAM KLUEBER
1412 MALLARD PL
PALM HARBOR, FL 34683-6430

SUBJECT: TAMPA E-BIKE ADVENTURES LLC
Ref. Number: L22000201029

We have received your document for TAMPA E-BIKE ADVENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 622A00016404

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tampa E-Bike Adventures

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRET
2022 AUG - 14
PH 4:30
6

The Articles of Organization for this Limited Liability Company were filed on 04/27/2022 and assigned
Florida document number L22000201029.

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 _____

City

Zip Code

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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William Klueber	1412 Mallard Pl	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683-6430	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

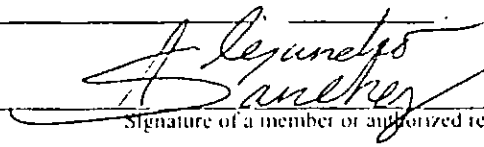
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____



Signature of a member or authorized representative of a member

Alejandro Sanchez

Typed or printed name of signee