

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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17 MAR 17 AM 7:25 SECRETARY OF SIAIE TALLAHASSEE, FLORID.

COVER LETTER

	Registration So Division of Cor			
SUDJECT		DICE BIKER GEAR LLC		
SUBJECT	Г:		nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	1
Please rett	ırn all correspo	ondence concerning this matter	to the following:	
		Joseph Targia		
			Name of Person	
		WISE CHOICE BIKER O	EAR LLC	
			Firm/Company	
		13460 Rickenbacker Pkwy	y Suite 1	
			Address	
		Fort Myers, FL 33913		
			City/State and Zip Code	
		Jmt13319@hotmail.com		
For further	r information c	ti-mail address: (oncerning this matter, please c	to be used for future annual report no	illication)
WISE CH	OICE BIKER Name o		239 2176444 at () Area Code Daytii	me Telephone Number
Enclosed is	s a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISE CHOICE BIKER GEAR	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/25/2008 and assigned
lorida document number L08000019868	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	lity company here:
VCBG Investments LLC	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	₹
Principal office address MUST BE A STREET ADDRESS)	
THE PUT OF THE HUMINESS MEST DE ASTREET ADDRESS	
	SS - 2000
	SE 7 7
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	5º 7 Em
	25 25 E
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here Name of New Registered Agent:	ice address on our records, enter the name of the
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 or removed	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, anc</u>	d address of each person being add		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Add		
	•		□ Remove		
			Change		
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			Change		
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Including the facilitation of t	he transport of goods from point to	point as a shared ride	system.	
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tive date, if other than the	date of filing:		(optional)	
	st be specific and cannot be prior to date ock does not meet the applicable st		days after filing.) Pu	
nent's effective date on the D	epartment of State's records.			
card enocifies a dalayer	d effective date, but not an	affactiva tima at	12.01 2 2 22	the carlie
90th day after the rec		enective time, at	12.01 8.111. 011	tire earlie
March 11	2017			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00