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TO: **Registration Section**
Division of Corporations

SUBJECT: **IBIKE POWERSPORTS, LLC**
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:

ANDREA FERREIRA

Name of Person

Assured Accounting and Tax Services

Firm/Company

400 E. Atlantic Blvd Ste D

Address

Pompano Beach, FL 33060

City/State and Zip Code

ibkusa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Ferreira

Name of Person

954 793-0353

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

IBIKE POWERSPORTS, LLC

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

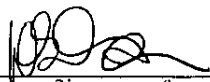
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER, 20, 2013.



Signature of a member or authorized representative of a member

Dihego SANTANA

Typed or printed name of signee

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CALIFORNIA