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J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:Bi	Ke Works Of Jon	esville, LLC ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bar	ry P. Bullard Name of Person	
	Bike Wa	orks of Jonesvill	e, LLC
	150 N	W 75th Drive, Su	ite A
	Gaines	Sville, F2 32607 City/State and Zip Code	
	Barry e E-mail address: (1	Barry Bullard Homes to be used for future annual report notifi	· Com
For further information c	oncerning this matter, please ca		
Baccy P.	Bullard Person	at (352) 331-7 Area Code Daytime	I 62 Telephone Number
Enclosed is a check for the	ne 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

Bike Work	is of Jonesville, LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L1 0000086</u> .  This amendment is submitted to amend the following the following name, enter the new name of the following name of the fo	ing:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	
(Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	Barry P. Bullard
New Registered Office Address:	150 NW 75th Drive, Suite A
-	Enter Florida street address  Gaines Ville, Florida Zip Code
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper accept the obligations of my position as registe.	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability range.  If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Type of Action
AMBR	Anthony D. Cousins	2300 SW 34th Street	Add
		2300 SW 34th Street Gainesville, FZ 32607	□ Remove
			Thange
			Remove
			Change
			Add
			□ Remove
			☐ Change
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			55 55 E
			29 Remove
			보일 <b>2</b> 등
			Change
			□ Add
			□ Remove
			□ Change

<ol> <li>If amending any other information, enter change(s) here: (Attach additional sheets, if ne</li> </ol>	ecessary.)
<del></del>	
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(If an effective date, if other than the date of filing:	his date will not be listed as the
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Dated June 26, 2015.	· m· q
BPIL	<b>5</b>
Signature of a member or authorized representative of a member	FIL JUN 29
Typed or printed name of signee	
	)   <b>2: 09</b>   STATE   ORIDA
Page 3 of 3	<b>09</b>

Filing Fee: \$25.00