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DEC 27 2010

EXAMINER



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12/23/10--01015--010 **25.00

10 DEC 23 PH 2: 18
SCURETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TQ: Rê	gistration Sect ision of Corpo	ion orations		•			
SUBJECT:			CYCLES, LLC ited Liability Company				
		Name of Lim	ned Elabrity Company				
The enclosed	Articles of A	mendment and fee(s) are sul	bmitted for filing.				
Please return	all correspond	lence concerning this matter	r to the following:				
			Alvaro Fernaud				
			Name of Person				
Ingr Dicycles, LC Stella Bicycles, LLC							
		1	Firm/Company				
		440 Sawg	rass Corporate Parkway # 21	2.			
			Address				
		S	Sunrise, Florida 33325				
			City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)						
				ition)			
For further i	nformation con	cerning this matter, please of	call:				
	Alvar	o Fernaud	at (954) 56	88-6660			
	Name of P	erson	Area Code & Daytime T	Felephone Number			
Enclosed is	check for the	following amount:					
₹ 25.00 F	ling 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

INRI BICY	CLES, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now ap _l Liability Compar	oears on our record ly)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Compar Florida document numberL10000107325	ny were filed on _	October 14th	2010 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company	here:		
STELLA BIC	YCLES, LLC			
The new name must be distinguishable and end with the words "Lin" L.L.C."	mited Liability Co	mpany," the designat	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	440 SAW	440 SAWGRASS CORPORATE PKWY # 212		
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE	FL 33325		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			10 DEC 23	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		n our records, <u>er</u>	nter Be name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	et address	
		. Floric	ła	
-	City	, 130110	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 608, 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 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>	Type of Action
MGRM	Faustino Benjamin Marcos	10771 NW 76 Ln. Doral, Fl 33178	Add Remove
MGRM	Juan Alberto Suarez	1750 Nw 107th Avenue Ofc 400 Miami, Fl 33172	Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			<u>-</u>
			- -
Dated			
	Alvaro Fernaud Typed	r or authorized representative of a member or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00