

L11000040029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

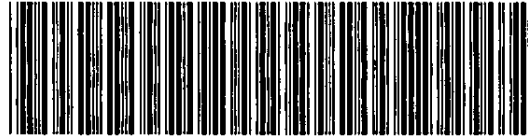
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
1-1-2016

12/04/15--01021--003 **60.00

FILED

2015 DEC -4 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

DEC -7 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Island Bicycles, 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:

David W. Harris

Name of Person

Island Bicycles, LLC

Firm/Company

929 Truman Avenue

Address

Key West, Florida 33040

City/State and Zip Code

dave@mercurybikefit.com

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

For further information concerning this matter, please call:

David W. Harris

305 292-9707
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

EFFECTIVE DATE
1-1-2016

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 DEC -4 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Island Bicycles, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/04/2011 and assigned
Florida document number L11000040029.

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:

David Van Loon, Esquire

New Registered Office Address:

Highsmith & Van Loon, P.A., 3158 Northside Drive

Enter Florida street address

Key West


, Florida 33040

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>
MGRM	Aaron Shipley	929 Truman Avenue	<input type="checkbox"/> Add
		Key West, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Mercury Bicycle Fit, LLC	1019 Thomas Street	<input checked="" type="checkbox"/> Add
		Key West, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 015 DEC -4 PM 12:21
 DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

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

FILED
2015 DEC -4 PM 12:51
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2015 BY 60322
UCBAW/STP

E. Effective date, if other than the date of filing: January 1, 2016 (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 November 30, 2015

Signature of a member or authorized representative of a member

Aaron Shipley, Managing Member

Typed or printed name of signee