L110000144532

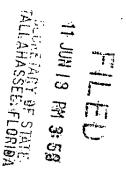
(Re	questor's Name)	
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D. BRUCE

JUN 14 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	Section Orporations			
SUBJECT: Blazing Pedals Cycling Studio LLC Name of Limited Liability Company		_C			
		Name of Lum	aca Elability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	eturn all corresp	ondence concerning this matter	to the following:	,	
			Sarah Marquez		
			Name of Person		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
			POBOX 303		
			Address		
		Во	ynton Beach FL 3343 City/State and Zip Code	5	
		S	reguez@gmail.com		TIL JUN I 3
For furt	her information (E-mail address: (t concerning this matter, please c	o be used for future annual repo all:	n notification)	<
	Sa	rah Marquez	at (561)	460-3500	SIZ G
···		of Person	Area Code &	Daytime Telephone Number	<u>— ⊚</u> ⊞ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
Enclose	d is a check for t	he following amount:			
\$25	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en		f Status &
MAILING ADDRESS: Registration Section		STREET/C Registration	OURIER ADDRESS: Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blazing Pedals Cy	cling Studio Ll	LC		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears iability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company			and assigned	4
Florida document numberL11000064532	*			•
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Exhale Cycling \$	Studios LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company	," the designation "l	LC" or the abbrev	viation
				-
Enter new principal offices address, if applicable:		na		
(Principal office address MUST BE A STREET ADDRESS)			887 00	
			77	
			STATE	·
Enter new mailing address, if applicable:			9: 5.8 0RIEDA	
(Mailing address MAY BE A POST OFFICE BOX)		75		
		, , ,		
B. If amending the registered agent and/or registered off	ice address on ou	r records, enter (the name of the	new
registered agent and/or the new registered office address here		<u></u>		
	,	14		
Name of New Registered Agent:	<u>n</u>	· ·		
New Registered Office Address:				
New Registration Office Address.	Enter	r Florida street add	Iress	
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
		** *** **	<u> </u>	.: a L
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comp	ee to act in this cap lete performance of	acity. I further ag f mv duties. and I	ree to compty w am familiar with	un and
accept the obligations of my position as registered agent as t	provided for in Cha	ipter ous, r.s. Or,	, y inis aocumen	t is
being filed to merely reflect a change in the registered office	address, I hereby o	confirm that the ii	mited liability	
company has been notified in writing of this change.		$^{\prime\prime}$		

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>	Name	Address Type of Action
		Add Remove
		Add Remove
	$\overline{\mathcal{O}_{\ell}}$	Add Remove
······································		Add Remove
	<u> </u>	Add
		Add
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
		AHACSEF SEE SEE
 Dated	6/9	→ 10/1
		infiber or authorized representative of a member
	\sim	yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00