2/200000078

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
OCT 2 4 2013				
	A. LU	TM		

Office Use Only



600252753006

10/21/13--01008--005 **25.00

2013 OCT 21 Ph 4: #6

COVER LETTER

TO:

Registration Section Division of Corporations

STID TECT.

VERSA BIKE 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:

MARILYN BARFIELD

Name of Person

Firm/Company

103 LIGHTHOUSE DRIVE

Address

JUPITER INLET COLONY, FL 33469

City/State and Zip Code

COLBYREESE1@GMAIL.COM

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

For further information concerning this matter, please call:

COLBY REESE

,305 **,733-9650**

Name of Person

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 Fcc,
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

	City	Zip Code
	, Florida	
New Registered Office Address:	Enter Florida street aa	dress
Name of New Registered Agent:		
egistered agent and/or the new registered office add	ress nere:	•
B. If amending the registered agent and/or regist	tered office address on our records, enter	the name of the new
		5
,		िंभ कर
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		w.f. 2
		and a second
Principal office address MUST BE A STREET ADDI	RESS)	72
Enter new principal offices address, if applicable:		·
The new name must be distinguishable and end with the work.L.C."	rds "Limited Liability Company," the designation	"LLC" or the abbreviation
BIKE SHARE MANAGEMENT LLC		
A. If amending name, enter the new name of the lim	nited liability company here:	
This amendment is submitted to amend the following:		
Profida document number		
Florida document number L1200000078		and dosigned
The Articles of Organization for this Limited Liability C	Company were filed on 1/3/2012	and assigned
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
	y Company as it now appears on our records.)	
VERSA BIKE LLC		

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>	Name	Address	Type of Action
	-		Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	_
*************			Add
			Remove
•		i i i i i i i i i i i i i i i i i i i	28 14 35
		<u> </u>	29 19 20 20 20 20 20 20 20 20 20 20 20 20 20
		्रें। • • • • • • • • • • • • • • • • • • •	Remove 1
			Add
	The state of the s		
			Remove
			Add
			Remove
			Add
			Remove

ending any other information, enter change(s) here: (Attach additional sheets, if necessary	re: (Attach additional sheets, if necessary.)	
		
10-17-2013		
Signature of a member or authorized representative of a member		
MARILYN BARFIELD		
	Signature of a member of a member MARILYN BARFIELD Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 0CT 21 Pb 4: 88