

L12000054847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

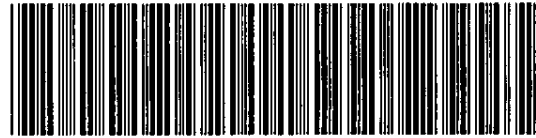
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
APR 30 2011
EXAMINER

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FILED
2012 APR 26 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Climax Sports 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:

Juan Pablo López
Name of Person
Climax Sports LLC
Firm/Company
304 Indian Trace, Suite #210
Address
Weston, FL 33326
City/State and Zip Code
info@climaxbiketours.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 26 PM 2:43

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For further information concerning this matter, please call:

Juan Pablo López at 305, 205 8243
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 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

Climax Sports LLC

Page 1 of 2

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:

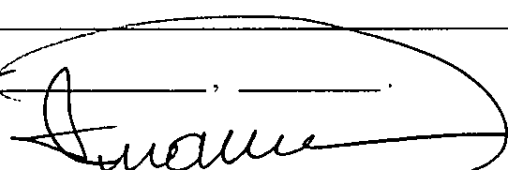
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Llamas Lilian	304 Indian Trace Suite 219 Weston, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Llamas Vivian	10021 SW 77 Ct. Miami, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 APR 26 2012
 CLERK OF DISTRICT COURT
 MIAMI, FLORIDA

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

Dated 4-25-12


 Signature of a member or authorized representative of a member
Juan Pablo Lopez
 Typed or printed name of signee