

L12000067483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

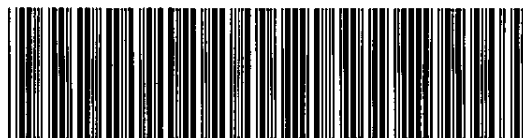
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wm  
10/6/14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EBIKES, 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:

EDWARD A. CESPEDES, CEO  
Name of Person

PAYMEON, INC.  
Firm/Company

1040 SEMINOLE DR, SUITE 763  
Address

FT. LAUD. FL. 33304  
City/State and Zip Code

edc@paymeon.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED CESPEDES at (954) 465 1404  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**EBIKES 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 5/18/12 and assigned Florida document number L12000067483

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 end with 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)

1040 SEMINOLE DR

SUITE 763

FT. LAUD., FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1040 SEMINOLE DR

SUITE 763

FT. LAUD., FL 33304

**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:

New Registered Office Address:

Enter Florida street address

, Florida

City

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ALL AMENDED  
STATE OF FLORIDA

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	PAYMEON, INC EDWARD CEBALDES, CEO	1040 SEMINOLE DR SUITE 763 FT LAUD, FL 33304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VINCENT CELENTANO	4314 TRANQUILITY DR HIGHLAND BCH, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VINCENT D. CELENTANO, II	4314 TRANQUILITY DR HIGHLAND BCH, FL 33487	<input type="checkbox"/> Add <input checked="" 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

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CLARK COUNTY FLORIDA

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


PAYMEON, INC. ACQUIRED 100% OF THE MEMBERSHIP INTERESTS OF EBIKES LLC. WE ARE ADDING PAYMEON, INC (AND EDWARD CESPEDER, AS PAYMEON'S CEO) AS A MANAGER. WE ARE ALSO ADDING VINCENT CELENTANO AS A MANAGER.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

9/19, 2014

 CEO, PAYMEON, INC.

Signature of a member or authorized representative of a member

EDWARD A. CESPEDER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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