L12000069575

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SECRETARY OF STATE DIVISION OF CORPORATIONS

OCT - 1 2012

T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corpo	rations				
	LVNCH	CYCLESILC			
SUBJECT:	SUBJECT: LYNCH CYCLES,LLC Name of Limited Liability Company				
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing			
		_			
Please return all correspond	ence concerning this matter	to the following:			
			21 - 1,400		
		JONATHAN LYNCH Co	Palmer Lynch		
		Name of Person	•		
	A1	FLANTIC BIOCLE CO			
		Firm/Company			
		1404 MAYPORT RD			
		Address			
	·				
	ATLA	NTIC BEACH,FLA. 32233 City/State and Zip Code			
	atlant	ticbicycleco@yahoo.com			
	E-mail address: (t	o be used for future annual report notifical	tion)		
For further information con	cerning this matter, please c	all:			
palmer lynch Name of Person		at (904_)37 Area Code & Daytime T	72-9767		
Name of P	erson	Area Code & Daytime I	elephone 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	\$60.00 Filing Fee, Certificate of Status &		
		(additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIE	R ADDRESS:		
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporati Clifton Building	ons		
	ee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 SEP 28 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 21, 2012

JONATHAN LYNCH % PALMER LYNCH ATLANTIC BICYCLE CO 1404 MAYPORT RD ATLANTIC BEACH, FL 32233

SUBJECT: LYNCH CYCLES, LLC Ref. Number: L12000069575

We have received your document for LYNCH CYCLES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

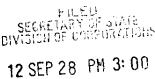
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00023715

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



(<u>Name of the Limited Li</u> (A Fl	YNCH CYCL ability Company a lorida Limited Liab	ES LLC as it now appears of the company)	n our records.)	
The Articles of Organization for this Limited Liab Florida document numberL120000695	• • •	re filed on	2/18/2012	_and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabilit	y company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	Liability Company,	" the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicab	de:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter the	name of the new
Name of New Registered Agent:	Palv	ner L	ynch vt Rol. Florida street addres	
New Registered Office Address:	1404	Maypo	rt Rolin	
	Attentic T		, Florida <u>F</u> Z	32233 Zip Code
Now Desistand Agent's Cimetum if shanging Design	ristand Agant.	~~ ~	•	aip sour

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM_	JONATHAN LYNCH	1404 MAYPORT RD ATLANTIC BEACH FLA 32233	Add Remove
MGR_	PALMER LYNCH	55 NORTH ROSCE BLVD. PONTE VEDRA FLA 32082	Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			12 SEP 28 P
Dated	9/17/2012	·	GRATIONS 4 3: 00
		ember or authorized representative of a member [vped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00