L12000140336

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2012 DEC 31 AN II: 03
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sport Bike De oles 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:
Julio Trujello Name of Person
Name of Person
Sport Bike Roales LLC
Firm/Company
2020 N BayShore DR #708
Address
My amy, $\pm L - 33137$ City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julio Frujello at (954) 6826749 Name of Derson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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**

FILED

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2012 DEC 31 AM 11: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	A COUNTY TO COUNTY
Sport BIH	TO Dealon, LLC
(Name of the Limited Liabi	lity Company as it now appears on our records.) la Limited Liability Company)
(A FIOR	a Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on
Florida document number L12000140	
Tional document number	<u></u>
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
(Mailing address MAY BE A POST OFFICE BOX)	
D. ICamara P. at a state of the	
B. If amending the registered agent and/or requestered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
	autes nere.
Name of Name Products of Assets	·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	ered 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** MGRM Hermen Cortellano 8015W 1AV Mam, + L 33130 Remove MGRM Borman trufillo 8015W 1AV Add

Many #L 33130 PRemove Remove Remove Remove Remove

amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
12/21/12	
14161116_	
	Signature of a member or authorized representative of a member
	suljo trujillo
	Typed or printed name of signee

Filing Fee: \$25.00

PILED 2012 DEC 31 MIII: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA