

L/2000/47365

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H12000279431 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIDE-A-BIKE RESTORATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

A. LUNT

NOV 30 2012

EXAMINER

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Corporate Filing Menu

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November 29, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIDE-A-BIKE RESTORATION, LLC
1238 SW 8 STREET
FRONT
MIAMI, FL 33135US

SUBJECT: RIDE-A-BIKE RESTORATION, LLC
REF: L12000147365

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H12000279431
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H12000279431

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RIDE-A-BIKE RESTORATION, 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 11/26/2012 and assigned
Florida document number L12000147365

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BELEN'S BIKES CO., LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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

City

Florida

Zip Code

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

Page 1 of 3

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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
MGR	ANTHONY D. ROJAS	1800 SW 5 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Remove
MGR	SEAN ANTHONY ROJAS	1800 SW 5 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

ANTHONY ROJAS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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