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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

ANY BIKE MIKE, 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:

MARK J. SALMON

Name of Person

ANY BIKE MIKE, LLC

Firm/Company

3291 61ST STREET NORTH

Address

ST. PETERSBURG, FL 33710

City/State and Zip Code

mark.salmon@bbcflorida.com

, E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark J. Salmon

Name of Person

727,637-5680

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

	ANY BIKE MIKE, LLC	
(Name of the Limited	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L. Florida document numberL1200015614	iability Company were filed on	December 14, 2012 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	700
		The state of the s
D. a		
Enter new mailing address, if applicable:		dia C
(Mailing address MAY BE A POST OFFICE	<u></u>	2203
B. If amending the registered agent and registered agent and/or the new registered o	•	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	3291 61st Street North	
		nter Florida street address
	Saint Petersburg	, Florida <u>33710</u>
	City	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

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	Michael T. McCoy	3291 61st Street North	_ Add
		St. Petersburg, FL 33710	Remove
MGR	Mark J. Salmon	3301 58th Avenue North	_ ✓ Add
	-	Lot 220	Remove
		St. Petersburg, FL 33710)
MGR	Joshua A. Diehl	2900 55th Street North	Add
		St. Petersburg, FL 33710	
			15 PH
			ည် Add
			Remove
			Add
			Remove
			Add
			Remove

). If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
ated	2/21, 2013.
	Must On
	Signature of a member or authorized representative of a member
	Mark J. Salmon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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