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Office Use Only

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COVER LETTER

TO:	Registration Sec Division of Cor	ction porations	⋆	٠٠.
	Bike Ner	ds, LLC		
SUBJE	CT:	Name of Limit	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		Diego Pinzon		
			Name of Person	
			Firm/Company	
		PO Box 630871		
			Address	, au su su us
		Miami, FL 33163		
		dpinzon@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notificat	ion)
For furt	ther information co	oncerning this matter, please ca	all:	
Diego	o Pinzon		305 542-8073	
	Name of	f Person	Area Code & Daytime To	elephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2 5.	.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

Bike Nerds, LLC				
(<u>Name of the Limited</u> (A	A Florida Limited L	ny as it now appears on our liability Company)	r records.)	
The Articles of Organization for this Limited L L13000007829 Torida document number	iability Company	were filed on	4, 2013	and assigned
This amendment is submitted to amend the foll	owing:			
a. If amending name, enter the new name o	f the limited liab	ility company here:		
he new name must be distinguishable and end wi	th the words "Limi	ted Liability Company," the	designation "LL	C" or the abbreviati
L.L.C."		9538 NE 2nd Avenu	10	
Inter new principal offices address, if applic	cable:	Miami Shores, FL 3		
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)	Whath Shores, FE 3		2 (A) (A)
			······································	
nter new mailing address, if applicable:		9538 NE 2nd Avenu	Je :	
Mailing address MAY BE A POST OFFICE	BOX)	Miami Shores, FL 3	3138	
			1	د .
			X.a.	***
If amending the registered agent and/ egistered agent and/or the new registered o	_		ords, <u>enter th</u>	e name of the no
Name of New Registered Agent:	THOM	S KORRAY	***************************************	
New Registered Office Address:	973 NE 95t	h Street		
New Registered Office Address.		Enter Flor	ida street addre	ess
	Miami Shor	res	, Florida	38
		City	_, r iviiua	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, thereby 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>	Address	Type of Action
MGRM	Benjamin Korray	202 Avenue F #C1	Add
		Brooklyn, NY 11218	Remove
			Add
		 	Remove
			Add
		-	Remove
			Add
			Remove
			Add
		 	Remove
			Add
			Remove

Thomas Korr	ay
973 NE 95th	Street
Miami Shore	s, FL 33138
November 6	Signature of a member or authorized representative of a member
	1 try 2 V-16-21A

Filing Fee: \$25.00