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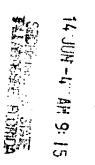
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JUN - 4 2014

T. BROWN

COVER LETTER

TO: Registration Sec Division of Corp	orations		
	·,		
SUBJECT:APA	ALACH BIKE	S LLC uited Liability Company	··········
	Name of Lim	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DANIEL	L. BoLINGER Name of Person	
		Name of Person	
	APALAC	H BIKES, LLC Firm/Company	
		Firm/Company	
	1209	AVOCET LANG	<u></u>
		Address	•
	ST. GEOR	GE ISLAND, FL City/State and Zip Code	32328
	DANIEL BO. E-mail address: (LINGER 3 @ GMA to be used for future annual report notifi	IL.COM
For further information co	ncerning this matter, please c	all:	
DANIEL Bo	LINGER Person	at (<u>850</u>) <u>370-</u> Area Code Daytime	0690 Telephone Number
			•
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APALACH BIKE	5, 24 6	our records.
APALACH BIKE. (Name of the Limited Liability Compa (A Florida Limited)	in√as it now appears on Liability Company)	our records. 9: 15
The Articles of Organization for this Limited Liability Company Florida document number 413000078 469	were filed on MA	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	OTERS, LL pility Company," the design	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	31 AV	ENUE E
(Principal office address MUST BE A STREET ADDRESS)	APALACI	HICOLA, FL 32320
Enter new mailing address, if applicable:	1209 1	AVACET LANE
(Mailing address MAY BE A POST OFFICE BOX)	ST. GEOR	GE ISLAND, FL 32328
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	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 605, 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



MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Fitle</u>	Name	Address	Type of Action
			
			□ Remove
			□ Add
			Remove
<u> </u>			Add
		 	Remove
			□ ∧dd
		Remove	
			Add
			☐ Remove
 			□ Add
		□ Remove	

If amending any other information, enter	change(s) here: (Attach additional s	heets, if necessary.)
	·	
Effective date, if other than the date of fili (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more	(optional) e than 90 days after
Dated	· ·	
Signature of	a member or authorized representative of a m	6/4/2014
	L. BOLINGER Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00