

✓
L130000099901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

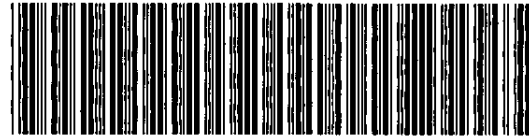
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253132694

11/04/13--01052--016 **30.00

TALLAHASSEE, FLORIDA

2013 NOV -4 PM 1:02

B. BOSTICK

NOV - 5 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Super Cool Bikes, 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:

Darryl J. Tompkins, Esquire

Name of Person

Darryl J. Tompkins, P.A.

Firm/Company

P.O. Box 519

Address

Alachua, Florida 32616

City/State and Zip Code

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

For further information concerning this matter, please call:

Darryl J. Tompkins, Esquire at (386) 418-1000

Name of Person

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

2013 NOV -4 PM 1:02
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Super Cool Bikes, 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 July 15, 2013 and assigned
Florida document number L13000099901.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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: Barry Bullard

New Registered Office Address: 150 NW 75th Drive, Suite A
Enter Florida street address

Gainesville, Florida 32607
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Martin O. Cox	3460 West University Avenue	<input type="checkbox"/> Add
		Gainesville, FL. 32605	<input checked="" type="checkbox"/> Remove
MGRM	Barry Bullard	150 NW 75th Drive, Suite A	<input checked="" type="checkbox"/> Add
		Gainesville, FL. 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
FALLAHOUSE, FLORIDA

2013 JUN -11 PM 1:02

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

Dated 10/30/13



Signature of a member or authorized representative of a member

Barry Bullard

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV -4 PM 1:02
TALLAHASSEE, FL 32309