

#L14000097547

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000202354 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 671-2527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: atzanetatos@gunster.com

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DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DECO BIKE MIAMI, LLC

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K. SALLY
EXAMINER
SEP - 2 2014

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

FAX AUDIT NUMBER

H14000202354 3

DECO BIKE MIAMI, 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 JUNE 17, 2014 and assigned
Florida document number L14000097547.

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)

8485 NW 29TH STREETDORAL, FLORIDA 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8485 NW 29TH STREETDORAL, FLORIDA 33122

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:

8485 NW 29TH ST

Enter Florida street address

DORAL

City

Florida 33122

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

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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:

MGR = Manager
AMBR = Authorized Member

FAX AUDIT NUMBER
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Title	Name	Address	Type of Action
VP	BONIFACIO DIAZ	8485 NW 29TH ST	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H14000202354 3

The address of the Manager/President, Ricardo Pierdant,
is: 8485 NW 29TH STREET, DORAL, FLORIDA 33122

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated AUGUST 8, 2014

Signature of a member or authorized representative of a member

RICARDO PIERDANT

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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