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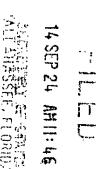
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COVER LETTER

Division of Corpor	rations		
SUBJECT:	BETEN BIK Name of Limit	E UC led Liability Company	<u>_</u>
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
-	EDWARD	A. CESPEDES, C	ED
	PAYMEON	J. TNC Firm/Company	
	1040 s	EMINOLE DR, SU Address	ME 763
	FT. LAU	0, AL. 33304	
-	edce	City/State and Zip Code Code	
For further information conc			tion)
E) CEPEN	rson	at (954) 465 Area Code Daytime To	elephone Number
Enclosed is a check for the for			
\$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:

TO:

Registration Section

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

A BETEN BIKE, L	C
A BETEN BIKE LO (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi	• • • •
Enter new principal offices address, if applicable:	1040 SEMINOLE DIC
(Principal office address MUST BE A STREET ADDRESS)	SUITE 763
	1040 SEMINOLE DIC SCUTE 763 FT. LAUD. FC. 33304
Enter new mailing address, if applicable:	1040 SEMINOLE DR SUITE 763 FT. LAUD, FL. 33304
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 763
	FT. LAUD., FL. 33304
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
•	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent
Page 1	of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAYMEON, INC. EDWAM CERFIES, CED	1040 SEMINOLE DR.	b X\dd
EDWARD CERFIES,	EDWAM CERFIES, CED	sume 763	, □ Remove
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			Remove

D. If amendin	g any other in	гогшаноп	, enter chang	c(s) here. (A	нисп ишин	onai sneeis,	ij necessary.)	
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E. Effective da (The effective of the date this of	ate, if other the late must be specif		e of filing:	eccipt or filed d				
			e of filing:	eccipt or filed d				
the date this d		y the Florida	e of filing: prior to date of no Department of St	eccipt or filed diate)	ate and cannot	be more than 9	_ (optional) 00 days after	
the date this d		y the Florida 7 Sigr	e of filing: prior to date of re Department of Se	eccipt or filed diate) 20/4. Ser or authorized	LES representativ	DAYWES		
the date this d		y the Florida 7 Sigr	e of filing: prior to date of re Department of Se	eccipt or filed diate) 20/4. Ser or authorized	CES representatives	DAYWES	_ (optional) 00 days after	_

Page 3 of 3

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