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CLERK OF COURT
JULIA HASSLE, FLORIDA

10/6/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A BETTER BIKE, 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:

EDWARD A. CESPEDES, CEO
Name of Person

PAYMEON, INC
Firm/Company

1040 SEMINOLE DR, SUITE 763
Address

FT. LAUD, FL. 33304
City/State and Zip Code

edc@paymeon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED CESPEDES at (954) 465-1404
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

A BETTER BIKE, LLC

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familiar with and
 if this document is
 limited liability
 registered Agent
 45

MGR = Manager
AMBR = Authorized Member

[illegible]


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

PAYMEON, INC ACQUIRED 100% OF THE MEMBERSHIP
INTERESTS OF A BETTER BIKE, LLC, WE
ARE ADDING PAYMEON, INC (AND EDWARD
CESPEDES, AS PAYMEON'S CEO) AS A MANAGER.
VINCENT CELENTANO REMAINS A MANAGER.

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 9/19, 2014.



CEO, PAYMEON, INC.

Signature of a member or authorized representative of a member

EDWARD A. CESPEDES

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA
ALLIANCE, FLORIDA