

L14000123428

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000202358 3)))



H140002023583ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 671-2527

2014 AUG 29 PM 12:00
FILED

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DECO BIKE SAN DIEGO, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$25.00).

RECEIVED
14 AUG 29 AM 6:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SEP - 2 2014
A. LUNT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FAX AUDIT NUMBER
H14000202358 3

FILED
AUG 29 PM 12:00
CLERK OF DISTRICT COURT
CORPORATE SERVICES SECTION
TALLAHASSEE, FLORIDA

DECO BIKE SAN DIEGO, 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 AUGUST 6, 2014 and assigned Florida document number L14000123428.

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 STREET
DORAL, FLORIDA 33122

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8485 NW 29TH STREET
DORAL, 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:

8485 NW 29TH ST

New Registered Office Address:

Enter Florida street address

DORAL, Florida 33122
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

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
H14000202358 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

28th AUG 29 PM 12 00
FILED

FILED

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

FAX AUDIT NUMBER

H14000202358 3

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

The address of the Vice President, Bonifacio Diaz 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 signee

2014 AUG 29 PM 12 00

FILED