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SECRETARY OF STATES

MAY 17 2016 S. YOUNG

COVER LETTER

Division of C		,		
SUBJECT:	Stradista, LLC	,		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	LAURA ERIC VAYAVELO, L	KSEN		
		Name of Person		
	VAYAVELO I	LC		
		Firm/Company	,	
	2101 BRICKELL	LAVE STE503		SECRETARY TALLAHASSE 15 MAY 16
		Address		喜 影
	MIAMI FL	33129		SSEE SSEE
		City/State and Zip Code BETHERICKSEN (a)		PH 1:31
For further information	e-mail address: (to be used for future annual report noticall:	tication)	
LAURA ERI		at (305) 331. 7	1479	
Name	of Person	Area Code Daytim	e 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 St Certified Copy (additional copy is o	atus &

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L1400017479</u>	pany were filed on NOV (•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited $VAYAV \in LO$, LLC'	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
	·	SECRET TVLLAH
Enter new mailing address, if applicable:	- March - Archi	5 02
(Mailing address MAY BE A POST OFFICE BOX)		PH TOTAL
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our r s here:	ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
•		. Florida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Add	dress	Type of Action
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1	Provide bicycle tourg events and travel related Services	
1	Branded bicycle clothing (jergeys, t-shirts etc. Provide Social network for cyclicts.	
_	Provide Social network for cyclists.	
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Effecti	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	ስኃብግ
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	
docum	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of
1116	Sould day after the record is filed.	
Dated	May 15 , 2016.	
	J. S. Garden	
	A A A A A T X I A D I A A I	
	May 15 , 2016. Signature of a member or authorized representative of a member LAUPA GRICKSEL Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00