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(R	equestor's Name)	
(A	ddress)	<u></u>
(A	ddress)	
(C	city/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(C	ocument Number)	
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	The Hub Cy	cling, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Steven G Bodnaruk		
			Name of Person	
		The Hub Cycling, LLC		
			Firm/Company	
		3751 S Clyde Morris Blvd	. Unit 5	
			Address	
		Port Orange, FL 32129		
			City/State and Zip Code	
		steve@thehubcycling.com		
		E-mail address; (to be used for future annual report not	ification)
For further in	nformation co	ncerning this matter, please ca	all:	
Steve Bodna	ıruk		386 846-0706	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hub Cycling, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I lorida document number 1.15000000152	_iability Company 	were filed on 1/2/2015	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liahi	lity Company " the designation "LEC" or th	ne abbreviation "L.L.C."
inter new principal offices address, if appli		3751 S Clyde Morris Blvd, Unit 5	ic device in the party of
Principal office address MUST BE A STREET ADDRESS)		Port Orange, FL 32129	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E ROY)	3751 S Clyde Morris Blvd, Unit 5 Port Orange, FL 32129	
Maining address MAT DE A FOST OFFICE	<u>. BUX)</u>		
			, p. 1
 If amending the registered agent and egistered agent and/or the new registered of 	~.	-	ter the name <mark>≥of the</mark>
Name of New Registered Agent:	Steven G Bodn	aruk	64
New Registered Office Address:	3751 S Clyde 1	Morris Blvd, Unit 5	
		Enter Florida street address	
	Port Orange	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	The Barnard Team, LLC	3751 S Clyde Morris Blvd, Port Or	
			■ Remove
			Change
AMBR	Kristi Bodnaruk	3751 S Clyde Morris Blvd, Port Or	
			□ Change
			D Add
			Change
			□ Add
			Rēmove
			□ Chânge
			Add
		 	☐ Remove
			Change
			Remove
			□ Change

Mailing Address: 3751 S Ci	yde Morris Blvd, Unit 5 Port Orange, Fl. 3	2129
. .		
		
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		17 ROV -
		N.
	·	
ive date, if other than the	t date of filing: 8/29/2017 st be specific and cannot be prior to date of filing of	(optional)
If the date inserted in this b	lock does not meet the applicable statutory fi	r more than 90 days after tiling.) Pursuant to 605. ling requirements, this date will not be liste
ent's effective date on the D	epartment of State's records.	
cord specifies a delave	d effective date, but not an effective	e time, at 12:01 a.m. on the earlie
90th day after the rec		
October 30	2017	
7		
/(/		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee