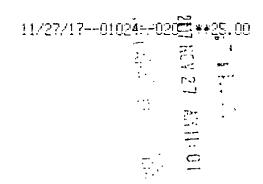
1500000152

| (Re | questor's Name) | |
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| (Ad | dress) | - |
| | | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



800305914188



J. HARRIS

· COVER LETTER

| The Hub C | ycling, LLC | | |
|-----------------------------|---|---|---|
| SOBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Steven G Bodnaruk | | |
| | | Name of Person | · |
| | The Hub Cycling | | |
| | - | Firm/Company | |
| | 3751 S Clyde Morris Blvd | I. Unit 5 | |
| | | Address | |
| | Port Orange, FL 32129 | | |
| | steve@thehubcycling.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please c | all: | |
| Steve Bodnaruk | | 386 310-3032 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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:

TO:

Registration Section Division of Corporations

> 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 LC

| (Name of the Limi | ted Liability Company as it now: (A Florida Limited Liability Com | appears on our records.) pany) | | | |
|--|--|-----------------------------------|------------|-------------|-------|
| The Articles of Organization for this Limited L | iability Company were filed | on 1/2/2015 | an | d ass | igned |
| Florida document number L15000000152 | <u> </u> | | | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name of | f the limited liability compa | iny here: | | | |
| The new name must be distinguishable and contain the v | words "Limited Liability Company, | " the designation "LLC" or the a | bbreviatio | on "L. | L.C." |
| Enter new principal offices address, if applic | eable: | | | 2 | |
| Principal office address MUST BE A STREE | | | ;· | 3 | : |
| | | | <u> </u> | <u></u> | 75 F |
| | | | | i | ឋ |
| Enter new mailing address, if applicable: | | | ·· ·· . | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u></u> | |
| | | | 7. | _ | |
| B. If amending the registered agent and registered agent and/or the new registered o | | ss on our records, enter | the na | ıme_ | of th |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 3751 S Clyde Morris Blvd. | | | | |
| | | ter Florida street address | | | |
| | Port Orange | , Florida <u></u> | 2129 | | |
| | City | | Zip (| Code | |

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 | Kristi Bodnaruk | 3751 S Clyde Morris Blvd, Unit 5 | |
| | | Port Orange, FL 32129 | ■ Remove |
| | | | Change |
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| _3751 S Clude Maris Blud, Unit5_ | | |
|--|--|--------------|
| 751 5 Clyde Marris Blid, Unit 5 Port Drange, FL 32129 | | |
| | | |
| * Trace update the address | | |
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| | nal) | |
| Rective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records. | filing.) Pursuant to | listed as |
| ffective date, if other than the date of filing: | filing.) Pursuant to date will not be | |
| ffective date, if other than the date of filing: | filing.) Pursuant to date will not be | arlier of |
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Page 3 of 3

Filing Fee: \$25.00