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COVER LETTER

| Division of Corp | orations | | |
|-----------------------------|---|---|--|
| Premier B SUBJECT: | Bike Transport, LLC | | |
| SOBJECT. | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter t | to the following: | |
| | Steven Begnaud | | |
| | | Name of Person | |
| | Premier Bike Transp | ort, LLC | |
| | | Firm/Company | |
| | 9744 State Rd 33 | | |
| | | Address | |
| | Groveland, FI 34736 | | |
| | | City/State and Zip Code | |
| | info@premierbiketran | • | |
| | E-mail address: (t | o be used for future annual report notific | ation) |
| For further information co | ncerning this matter, please ca | ıll: | |
| Steven Begnaud | | 352 429-3022 | |
| Name of | Person | | Celephone Number |
| Enclosed is a check for the | e following amount: | | |
| \$25.00 Filing Fec | □ \$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

TO:

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**

| | LC | |
|---|---|-----------------------------------|
| (Name of the Lir | nited Liability Company as it now appears on o (A Florida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited | Liability Company were filed on $\frac{2/3/20}{}$ | and assigned |
| Florida document number L15000025459 | · | |
| This amendment is submitted to amend the fo | ollowing: | |
| A. If amending name, enter the new name | of the limited liability company here: | |
| The new name must be distinguishable and end with the | ne words "Limited Liability Company," the design | |
| Enter new principal offices address, if app | licable: | 1915 X |
| Principal office address MUST BE A STRI | | 新 |
| | | SS 17 |
| | | Mc -0 111 |
| Putan ann malling address if annii-ki- | | $\leftarrow \omega$ |
| Enter new mailing address, if applicable: | | |
| <u>Mailing address MAY BE A POST OFFIC</u> | <u> </u> | <u> </u> |
| | | |
| | | records, enter the name of the ne |
| egistered agent and/or the new registered | office address here: | records, enter the name of the ne |
| Name of New Registered Agent: | office address here: | |
| | office address here: Steven B Begnuad | |

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 focument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action MGR** Steve B Begnaud 9744 State Rd 33 □ Add Groveland, FL 34736 ■ Remove MGR Steven Burke Begnaud 9744 State Rd 33 Groveland, FL 34736 _□ Remove ☐ Remove ☐ Remove ☐ Add _□ Remove

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