

L15000 153742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

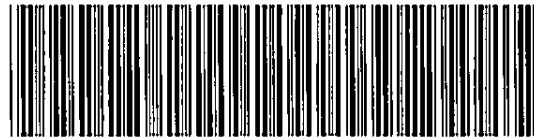
(Business Entity Name)

(Document Number)

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OCT 26 AM 11:24
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RECEIVED

OCT 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOWNTOWN SPINNING, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRIQUE REVERON

Name of Person

DOWNTOWN SPINNING, LLC

Firm/Company

1325 NE 1ST AVE

Address

MIAMI, FL 33132

City/State and Zip Code

henrique.reveron@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
OCT 26 AM 11:21
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOWNTOWN SPINNING, 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 09/09/2015 and assigned
Florida document number L15000153742.

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 contain 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)

1325 NE 1ST AVE

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1325 NE 1ST AVE

MIAMI, FL 33132

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:

HENRIQUE REVERON

New Registered Office Address:

1325 NE 1ST AVE

Enter Florida street address

MIAMI

Florida

33132

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>	<u>Type of Action</u>
MGR	HR CYCLING, LLC	1325 NE 1ST AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Downtown Cycle in Motion, LLC	1311 NE 1ST AVE	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAGUIRON, LLC	1311 NE 1ST AVE	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

10/19/2017

Signature of a member or authorized representative of a member

Henrique Pereira
Typed or printed name of signee

Typed or printed name of signee