## 115000183950

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(Business Entity Name)
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## **COVER LETTER**

TO:	Registration Secti Division of Corpo							
SUBJECT: A C Dental LLC  Name of Limited Liability Company								
The en	elosed Articles of An	nendment and fee(s) are subn	nitted for filing.					
Please	return all correspond	ence concerning this matter t	o the following:					
			JName of Person	·				
			Firm/Company					
		6061 Cak	Royal Drive	<del></del>				
		lake W	bith F.L 334 City/State and Zip Code 11 Carcob 9 Eyahoo.C	63				
		E-mail address to	City/State and Zip Code LICOYCO 9 E YO/100 C  be used for future annual report notif	OYY				
For fur	ther information cond	terning this matter, please cal	·					
	Angelica Name of Pe	Cashillon.	at (718) 9092 Area Code Daytime	.550 Telephone Number				
Enclos	ed is a check for the f	ollowing amount:						
<b>⊠</b> \$2.	5.00 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:

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



(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 10-29-15 and assigned Florida document number 1500183950.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  A & D BIKES LLC	
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)	_
<del></del>	_
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	_
<del></del>	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	new
Name of New Registered Agent:	_
New Registered Office Address:	_
Enter Florida street address	
, Florida, 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>	Name	Address	Type of Action				
MGR	David Gallego	6061 Oak Rayal Dr. Lak W	opy = 4+4				
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lf am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  18  18  18  18	
·	18 JAN 20 2	W.F.
		M,
If an cl Note:	tive date, if other than the date of filing:  (optional)  Rective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	:07 ( as t
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of the fecord is filed.	of:
Dated	du 29.2018.	
	Signature of a member or authorized representative of a member	
	Angelian Catallain	
	Typed or printed name of signec	

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Filing Fee: \$25.00