## 115000/84125

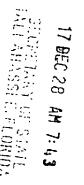
(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SFL Cycle SUBJECT:			
SUBJECT.	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:	
	Moshe M. Klainbaum		
	1,2 31	Name of Person	
	SFL Cycle, LLC		
		Firm/Company	
	100 South Island Drive		
		Address	
	Golden Beach, FL 33160		
	Motty.Klainbaum@Cycleba	City/State and Zip Code ar.com	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Moshe M Klainbaum		786 395-8852	
Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
<b>≅</b> \$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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

SFL Cycle LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	my as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited   Florida document number L15000184125	Liability Company	were filed on	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
n/a			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	n/a	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		n/a	
Enter new mailing address, if applicable:		——————————————————————————————————————	
(Mailing address MAY BE A POST OFFICE	EBOX)		<del></del>
B. If amending the registered agent and registered agent and/or the new registered of			s, <u>enter the name of the n</u>
Name of New Registered Agent:	n/a		<u> </u>
New Registered Office Address:	n/a		7.0
		Enter Florida street addres	07.55 Priorida
	-	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>	7.
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete gistered agent as gregistered office	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Carol Shalom Family Trust	2711 S. Ocean Drive	⊟ Add
		Apt. 606	<b></b>
		Hollywood, FL 33019	
			Change
		-	Add
			□ Remove
			Change
	·		Add
			Remove
			☐ Change
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to dat	te of filing or more than 90 days after filing.) Pursuant to 60	05.02
ote: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be lis	sted
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earl	lier
The 90th day after the record is filed.	,	
December 22 SON		
ated		
/// Hm/ X,		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee