

L16000023497

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

DEC 13 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bikekeeper 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:

Juho Sillanpaa

Name of Person

Bikekeeper LLC

Firm/Company

134 S Dixie Hwy Ste 201

Address

Hallandale, FL 33009

City/State and Zip Code

Juho.Sillanpaa@bikekeeper.com

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

For further information concerning this matter, please call:

Juho Sillanpaa

954

997-0456

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

Bikekeeper LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2016

Florida document number L16000023497

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:

5323 Lake Worth Rd

(Principal office address MUST BE A STREET ADDRESS)

Lake Worth, FL 33463

Enter new mailing address, if applicable:

c/o The Finkelshtey Group PA

(Mailing address MAY BE A POST OFFICE BOX)

134 S Dixie Hwy Ste 201

Hallandale, FL 33009

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:

Juho Sillanpaa

New Registered Office Address:

134 S Dixie Hwy Ste 201

Enter Florida street address

Hallandale

, Florida 33009

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	Yuri Tsyganov	3020 NE 32nd Ave Ste 222	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juho Sillanpaa	5323 Lake Worth Rd	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juho Sillanpaa	5323 Lake Worth Rd	<input type="checkbox"/> Add
		Lake Worth, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TAMMASCHEE FLORIDA

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

[illegible]

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated December 9th, 2016

Julia S. Sharp
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Juho Sillanpaa, AMBR

Typed or printed name of signee

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TALLAHASSEE, FLORIDA