216000104328

(Red	questor's Name)	
(*151	4	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



900287341699

07/13/16--01008--009 **25.00

TECRETARY OF STATE

J. HARRIS

. COVER LETTER

	legistration Sec Division of Corp			
CHDIE		BENT AND BIKE, LLC		
SUBJEC		Name of Limi	ted Liability Company	
The enclo	sed Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please ret	ım all correspon	dence concerning this matter t	to the following:	
		ANDREW BLANKENSHI	P	•
			Name of Person	
		TRAILSIDE:BIKE LLC		
			Firm/Company	
		PO BOX 858		
			Address	
		FLORAL CITY	FL 34436	···
			Oty/State and Zip Code	
		red.stapler@trailside.bike	o be used for future annual report not	fication
For furthe	r information co	ncerning this matter, please ca	·	
Andrew I	Blankenship		352 419-4809	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0) 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

ompany as it now appears on our records.) nited Liability Company)	1
pany were filed on 05/27/2016	and assigned
liability company here:	
Liability Company," the designation "LLC" of the words "TR	or the abbreviation "L.L.C." ALLSIDE" AND "BIKE
<u>s)</u>	است ری مور
PO BOX 858	
FLORAL CITY, FL 34436	
	RED 17
ed office address on our records, here:	
Enter Florida street address	
	liability company here: Liability Company," the designation "LLC" of the words "TR PO BOX 858 FLORAL CITY, FL 34436

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Type of Action
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
		\	□ Remove
		3	Change
			Add
	/		□ Remove
			□ Change
			SC Add
			A Remove
			Change Add
			□ Remove
			Change

,		
•		
- to		
	3/4	
	· y	·
/		
 	·	· · · · · · · · · · · · · · · · · · ·
ote: If the date inserted in this block does not be comment's effective date on the Department	c and cannot be prior to date of filing or more than 90 not meet the applicable statutory filing requires of State's records.	ments, this date will not be listed
record specifies a delayed effective. The 90th day after the record is file.	ve date, but not an effective time, at ed.	12:01 a.m. on the earlier
JULY 11th ted		
21.	dres Bluten	ALEC ALEC
ANDREW BLANKENSHIP	of a member or authorized representative of a mem	

Filing Fee: \$25.00