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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	<u>(</u>)
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COVER LETTER

	Registration Se Division of Cor			
	-	Aventura LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Moshe M Klainbaum		
			Name of Person	
		SFL Cycle Aventura 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 notific	cation)
For furth	er information c	oncerning this matter, please c	all:	
Moshe M	4 Klainbaum		786 395-8852 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SFL Cycle Aventura LLC					
(Name of the Limit	ed Liability Comp (A Florida Limited	a <mark>ny as it now appear</mark> Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{09/20/2016}{}$ and as Florida document number $\frac{L16000175579}{}$.					iigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of n/a	f the limited liab	oility company he	ere:	17	≓ _č i
The new name must be distinguishable and contain the w	vords "Limited Liab	ility Company," the d	esignation "LLC" or the ab	hreviation Tel.C."	
Enter new principal offices address, if applicable:		n/a		60	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)					
		n/a		23	 ·
Enter new mailing address, if applicable:					<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			our records, enter	the name of the	he ne
New Registered Office Address:	n/a				
		Enter Flor	ida street address		
			, Florida		
New Registered Agent's Signature, if changing I	Registered Agent:	Cîry :		Zip Code	
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agr	- ree to act in this o			

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carol Shalom Family Trust	2711 S. Ocean Drive	■ Add
		Apt. 606	
		Hollywood, FL 33019	□ Remove
		110hy wood, 117,55019	☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
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ective date, if other than the of effective date is listed, the date must	be specific and cannot be pri	or to date of filing or more t	un 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this blo ument's effective date on the De			quirements, this date	will not be listed a
ament is estective date on the tre	yartinene or extere 5 recore			
record specifies a delayed	effective date, but r	ot an effective time	e. at 12:01 a.m	on the earlier o
ne 90th day after the reco			, =====================================	
December 22	2017	/		
ed		M		
	U 1)	SIL		
	<i>X</i> / <i>Y</i>	horized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00