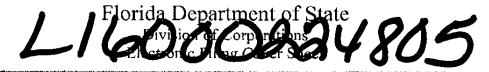
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(((H160003108023)))



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Division of Corporations

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From:

Account Name : TAXLEAF.COM INC Account Number: I20140000084 Phone : (305)541-3980

Fax Number

: (305)541-7033

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALMA2608 LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMA2608 LLC		
(Name of the Limited Linbility Comme (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000224805</u> .	were filed on 12/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	ility company here:	
MIKES BIKES LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if applicable:	3111 N UNIVERSITY DR 105	
Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FL 33065	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	3111 N UNIVERSITY DR 105 CORAL SPRINGS, FL 33065	
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address here</li> </ol>		the name of the new
Name of New Registered Agent:		8 5
New Registered Office Address:	Enter Florida street address	
	enter r torida street adaress . Florida	5 5 5 S
	City Fibrids	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 dutles, 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

Page 1 of 3

MGR = Manager

H16000310802 3
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title Name				
		Address	Type of Action	
AMBR PATURA	AU, ALEJANDRA G	9710 STIRLING RD 105	Add	
		HOLLYWOOD, FL 33024	_B Remove	
AMBR RUSS	SO, MARIA E	9710 STIRLING RD 105	_ _□ Add	
		HOLLYWOOD, FL 33024	Remove	
				rii
MGR NATA	ARUS, MIKE	3111 N UNIVERSITY DR STE 105	_B Add	
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			16 DEC 20	State of the state
			O Remove 29:16	
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			□ Remove	

us.

. If amending any other information, enter ch	H16000310802 3 ange(s) here: (Attach additional sheets.	if necessary.)
		<u> </u>
	enterior in the control of the contr	
Effective date, if other than the date of flling: The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than s	(optional) () days after
Dated December 19th	•	
Mid		
Signature of a m	ember or authorized representative of a member	
	vned or printed name of sience	

Page 3 of 3

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SINISION OF CONTROL ASSURES