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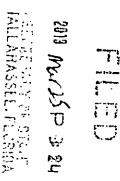
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| SUBJE | | | | |
| , C DJ E | UI: | Name of Lim | ited Liability Company | |
| | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | EDWARD CHACON | | |
| | | PRINKS LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: EDWARD CHACON Name of Person BIKE DRINKS LLC Firm/Company 8600 NW 56TH ST BAY 7 Address DORAL, FL 33166 City/State and Zip Code administrative@bikedrinksusa.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: ON 1954 258-5515 Area Code Daytine Telephone Number for the following amount: | | |
| | | | | |
| | | | Firm/Company | |
| | | 8600 NW 56TH ST BAY | 7 | Firm/Company Address State and Zip Code |
| | | | Address | |
| | | DORAL, FL 33166 | | |
| | | administrative@bikedrinkst | | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For furth | ner information c | oncerning this matter, please ca | all: | |
| EDWA | RD CHACON | | | |
| | Name o | | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| ■ \$25 | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | |

MAILING ADDRESS:

TO:

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

FILED

BIKE DRINKS LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) 2017 Mar 25P 3: 24

| The Articles of Organization for this Limited Liability Comp | pany were filed on $\frac{087}{2}$ | 21/2018 SECRETARS | and assigned |
|--|--|--|--|
| Florida document number <u>L17000051080</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company ho | ere: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the d | esignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | ed office address or s here: | n our records, <u>ent</u> e | r the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Francess. | Enter Flo | rida street address | |
| | | , Florida | Zip Code |
| | • | | Zip Code |
| New Registered Agent's Signature, if changing Registered A | | | |
| hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and compecept the obligations of my position as registered ageneing filed to merely reflect a change in the registered of ompany has been notified in writing of this change. | plete performance of 1 as provided for in (| Cmy duties, and Lar Chapter 605, F.S. C | n familiar with and Or, if this document is |
| ī | f Changing Registered A | gent, 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> | Type of Action |
|--------------|----------------|-----------------|----------------|
| | CHACON, EDWARD | 8600 NW 56TH ST | |
| MGR | | | Add |
| | | BAY 7 | |
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| | | DORAL, FL 33166 | ☐ Change |
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| Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the | s block does not meet the a | applicable statutor | (op ng or more than 90 days af y filing requirements, t | tional) fer filing.) Pursuant to 605.020 his date will not be listed a |
| ne record specifies a dela The 90th day after the | ved effective date, buecord is filed. | ut not an effect | tive time, at 12:01 | a.m. on the earlier (|
| Dated 03/18 | 2019 | · | | |
| | Cedad errol | or authorized represe | ntative of a member | |
| | · | danier med represe | | |
| CARLA RENDON | FRANJORCA CORP | r printed name of sig | | |

Page 3 of 3

Filing Fee: \$25.00