

1700066194

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

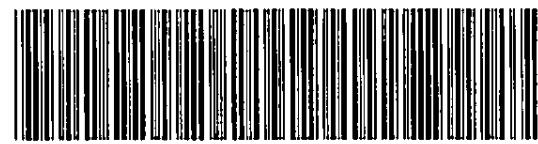
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100313024161

05/07/18--01015--016 \*25.00

APRIL 29 A 5:41  
PACIFIC TIME  
RECEIVED  
RECEIVED, FLORIDA

FILED

5/31/18 2025



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2018

JOSE F TORREGROSSA  
210 WEKIVA PARK DR  
SANFORD, FL 32771

SUBJECT: FIRST CITY CYCLEWORKS, LLC  
Ref. Number: L17000085194

We have received your document for FIRST CITY CYCLEWORKS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 418A00009814

FILED

5/2/18 4:15 PM - I spoke to Dionne. She said to mail the correct form for amendment. Check was already cashed so I don't need to send a check.

RECEIVED

2018 MAY 29 AM 10:15

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REGISTRATION AND PASSERELLE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIRST City CYCLEWORKS 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:

JOSÉ F. TORREGROSA

Name of Person

\_\_\_\_\_  
Firm/Company

210 WERKIN PARK DR

Address

SANFORD FL 32771

City/State and Zip Code

DRMARGGY@AOL.COM

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

For further information concerning this matter, please call:

MARGARITA VICENTE

Name of Person

at (407)

Area Code

920 1010

Daytime Telephone Number

2010 MAY 29 A 5:42

**FILED**

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)

*✓  
CHECK ALREADY MAILED  
SEE LETTER NUMBER 418AC00009814*

**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

FIRST CITY CYCLEWORKS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/31/2017 and assigned Florida document number L17000025194.

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:**

(Principal office address MUST BE A STREET ADDRESS)

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**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

JOSEPH F. TORREGROSA

71  
44  
20  
11

New Registered Office Address:

3585 GAINES RD

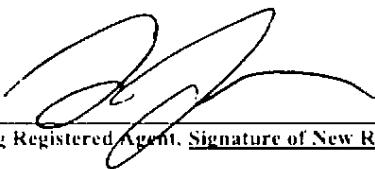
*Enter Florida street address*

71  
44  
20  
11  
A  
D  
5

St. AUGUSTINE, Florida 32084  
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>
AMBR	<u>JOSE F. TORREGROSA</u>	<u>3525 GAINES Rd</u>	<input type="checkbox"/> Add
		<u>ST. AUGUSTINE, FL 32084</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>JOSEPH F. TORREGROSA</u>	<u>3525 GAINES RD</u>	<input checked="" type="checkbox"/> Add
		<u>ST AUGUSTINE FL 32084</u>	<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 checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 5/21/18;

Signature of a member or authorized representative of a member

Typed or printed name of signee