

L17000065194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

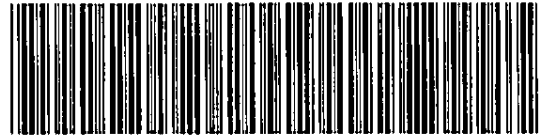
(Business Entity Name)

(Document Number)

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

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

2910 MAY 29 A 5:41

FILED

5/31/18 DS



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

2018 MAY 29 AM 5:43  
TALLAHASSEE, FL 32301

5/22/18 4:15 PM - I spoke i Dionne . She said to mail docu-  
form for amendment.  
Check was already cashed so  
I don't need to send a check.

RECEIVED

2018 MAY 29 AM 10:15

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## 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:

JOSE F. TORREGROSA  
Name of Person

Firm/Company

210 WERLVA PARK DR  
Address

SANFORD FL 32771  
City/State and Zip Code

DRMARGEY@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARITA VICENTE at ( 407 ) 920 1010  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

↑  
CHECK ALREADY MAILED  
SEE LETTER NUMBER 418AC0009814

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

FILED  
MAY 29 A 5:42  
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 17000085194.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

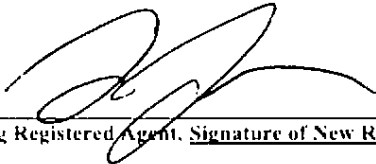
New Registered Office Address:

3585 GAINES RD  
Enter Florida street address

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

FILED  
2017 MAY 29  
ST. AUGUSTINE, FLORIDA  
S  
102

201 MAY 29 A 5:42  
FALL RIVER E.F. GROUP

FILED  
230 MAY 29 A 5:42  
FBI - MEMPHIS

**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.

Dated 5/21/18.

Signature of a member or authorized representative of a member

Typed or printed name of signee