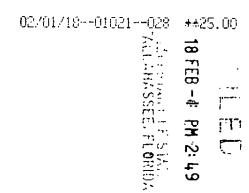
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: F1	K Mi AMI (Name of Lim	GOUP LLC.	
	Name of Lim	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>CARL</u>	COUE WACE	
		PICE HB Firm/Company	.
	,	MY HARBOR TE	
	APP. 403.	BAA HIKBOK IS City/State and Zip Code	<u>CANDS.</u> Fl. 33/54 HUBMIAMI. COM.
	E-mail address: (to be used for future annual report noti	HUBMIAMI. COM.
For further information ed	oncerning this matter, please c		,
CARL L	DUE LACE	at (305) 776 Area Code Daytim	2994.
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	-		
5 \$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)
Registra Division P.O. Bo	NG ADDRESS: ntion Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIK MIAMI G		LC.		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear ibility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	5/13/17	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company ho	<u>ere</u> :		
BIKE HUB The new name must be distinguishable and contain the words "Limited Liability	MIAM	i LLC.		
The new name must be distinguishable and contain the words "Limited Liability				
Enter new principal offices address, if applicable:	7145	ABBOTT BEACH 17	Au.	
(Principal office address MUST BE A STREET ADDRESS)	Migmi	BEACH i	F1. 35/4	<u></u>
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 here:		ı our records, <u>e</u>	nter the name of the figure of	
Name of New Registered Agent:			- 1 038	
New Registered Office Address:			-	
	Enter Flo	rida street address		
		, Florid	la	
	City		Zip Code	
N n to the over a set of note that a				

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 Title Name <u>Address</u> **Type of Action** 11111 Biscogne Scd. Apr. 427 ALAdd Mi Ami Fc. 33181. _____ □ Remove □ Change _□ Add Remove □ **k@**move □ Change _□ Add ☐ Remove __ Change _□ Add □ Remove ☐ Change

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	M. M. M.		 ,
	L.C.		!
	<u> </u>	. 49	•.
(If an e. <u>Note:</u>	tive date, if other than the date of filing: [(optional)] (decrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	t to 605,0207 (, be fisted as th	3)(b ne
if the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier of:	
Dated	DECEMBER ZA ZONY		
	Signature of a member or authorized representative of a member		
	REPERINGE FELCHEN		

Page 3 of 3

Filing Fee: \$25.00