L17000109274

(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

900318194529

09/10/18--01013--006 **25.00

FILED
18 SEP 10 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
SEP 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIKE HUB MIAMI LLC.
Name of Limited Liability Company

FILED
18 SEP 10 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARL LOUIS LACE
Name of Person

BIKE HUB MIAMI LLC.
Firm/Company

7145 ABBOTT AV.
Address

MIAMI BEACH. 33141. FL.
City/State and Zip Code

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

For further information concerning this matter, please call:

CARL LOUIS LACE at (305) 776 2994
Name Area Code Daytime Telephone Number

☒ $60.00 Filing Fee ☐ Certificate of Status ☐ Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIKE HUB MIAMI

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

FILED
18 SEP 10 PM 5 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number _____.

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:

New Registered Office Address: Enter Florida street address

Florida Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

FILED
18 SEP 10 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
AMBR	MARIO KRIEGMATTEN	20140 W. Dixie Hwy.	☒ Add
		APT. 24-107. FL. 33180	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

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

FILED
18 SEP 10 PM 5:20

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 Sep 16 2018