

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**KUBIC GROUP LLC**

Certificate of Status	0
Certified Copy	0
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**17 MAY 25 AM 9 20**  
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**2017 MAY 25 PM 4:37**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**D. SCOTT**  
**MAY 26 2017**

H17000142958 3  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**KUBIC GROUP 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 5/22/2017 and assigned Florida document number L17000113207.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**MOE'S BIKES LLC**

The new name must be distinguishable and end with 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

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

Page 1 of 3

H17000142958 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	PEPI, MATIAS S	3111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
MGR	GONZALEZ, MOISES	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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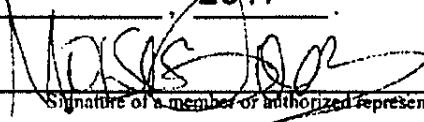
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated MAY 25TH 2017



*Signature of a member or authorized representative of a member*

**MOISES GONZALEZ**

*Typed or printed name of signee*

Page 3 of 3

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