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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. SIMMONS
AUG 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYCLO, 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:

Tom Pye

Name of Person

Pye Law

Firm/Company

3909 W Newberry Rd Ste C

Address

Gainesville, FL 32607

City/State and Zip Code

tom@pyelaw.com

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

For further information concerning this matter, please call:

Tom Pye

352 381-9799
at ()

Name of Person

Area Code

Daytime Telephone Number

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)

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**

CYCLO, 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 01/19/2018 and assigned
Florida document number L18000017848.

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)

3316 SW 35th Blvd

Gainesville FL 32608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3316 SW 35th Blvd

Gainesville FL 32608

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

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	NGUYEN, KHANH TUONG HU	4971 NW 44TH LANE, APT 108	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRUONG, DENISE	2074 S. HOPE PLACE	<input type="checkbox"/> Add
		ONTARIO, CA 91761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NGUYEN, NHAT M	7722 MEADOWBROOK WAY	<input type="checkbox"/> Add
		STANTON, CA 90680	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LILLY, BRIAN A	6328 PRINCE ALBERT ST	<input type="checkbox"/> Add
		VANCOUVER, BC V5W3E-6 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Khanh Tuong Huy Nguyen	3316 SW 35th Blvd	<input checked="" type="checkbox"/> Add
		Gainesville FL 32608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18
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TALLAHASSEE, FLORIDA

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)

(b) The 90th day after the record is filed.

Dated JULY 26, 2018

Signature of a member or authorized representative of a member

Khanh Tuong Huy Nguyen

Typed or printed name of signee