

L18000030515

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000051301 3)))



H180000513013ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

****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
HOMESTEAD BICYCLE SHOP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

FILED
18 FEB 13 AM 9:49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
FEB 13 2018

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FEB 14 2018

Y SULKER

H180000315015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMESTEAD BICYCLE SHOP 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:

Stephen Korn

Name of Person

Kim Marks CPA PA

Firm/Company

2136 NE 123rd St

Address

North Miami, FL 33181

City/State and Zip Code

Stephankorncpa@gmail.com

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

For further information concerning this matter, please call:

Stephen Korn

at (305)

895-5815

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

HOMESTEAD BICYCLE SHOP 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 2/2/2018 and assigned
Florida document number L18000030515

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

City

Florida

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

H18000051543

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	ANGULO, ANGELO	9421 FONTAINE BLEAU BLVD ,	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGULO, Henry	9421 FONTAINE BLEAU BLVD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 FEB 15 AM 10:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

1800 00 513 013

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

18 FEB 1965 AM 5 49
FBI MIAMI
TO DIRECTOR
FROM MIAMI
RE MIAMI TELETYPE TO BUREAU
JANUARY TWENTY TWO LAST
ADVISING THAT THE ABOVE NAMED
PERSONS WERE IN THE COMPANY OF
A PERSON WHOSE NAME WAS NOT
RECORDED IN THE MIAMI OFFICE

E. Effective date, if other than the date of filing: _____ (optional)

(If more than one date is listed, the date nearest the specified and nearest to prior to date of filing or more than 20 days after filing.) Penalties to \$60,000* (3)(c)

Note. If the date indicated in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Government's effective date on the Department of Justice'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 2/13/2018

Henry Arzola
Signature of a member

Signature of a member or authorized representative of a member

Henry Angulo

Typed or printed name of signee