# 118000160502

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## **COVER LETTER**

Division of Corps		,			
SUBJECT:	Velotek LL	C			
3010 Ee 1.	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Stev	ren Fenley			
	. 1	Name of Person			
		elotek LLC	<del></del>	ಪ್ರತ್ಯ	
		Firm/Company		चु <u>र</u> 20	·
	2400 Kr	airie Ave		- 100	479 <sup>th</sup> 
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	Stacevf	enley @ gmail. cor	η.	ر. دع	
	E-mail address: (1	to be used for future annual report notific	ation)		
For further information cor	ncerning this matter, please ca	all:			
Steven	Fenley	at 949, 610 -	4924		
Name of f	Person	Area Code Daytime	l'elephone Number		
Enclosed is a check for the					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py	

### 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

Velotek	LLC
( <u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 18000160502</u>	pany were filed on $\frac{7 2 2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	liability company here:
The new name must be distinguishable and contain the words "Limited Li	Jiability Company," the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	3 1
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1
**	d office address on our records, enter the name of the
registered agent and/or the new registered office address b	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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Stacey Fenley	2400 Prairie Ave	<b>]X</b> ( Add
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reffective da <u>te:</u> If the d	ite is listed, the data late inserted in t	n the date of fil to must be specific his block does no the Department o	and cannot be prior of meet the appl	or to date of filing icable statutory	or more than 90 of filing requirem	(optional) lays after filing ents, this date	) Pursuant (	to 605,020 e listed ;
		layed effective e record is file		ot an effecti	ve time, at 1	2:01 a.m.	on the e	arlier (
cd	9/22/18		2018	·				
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Filing Fee: \$25.00