L1900005037/

(Rec	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800328302518

04/35/13---01017--010 **35.00

TILLU 19 APR 25 AM IN OO SECRETARY OF STATE ALLAHASSEE FI ODIDA

CAY OF REM

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Island E-Bike Rentals LLC Name of Limited Liability Company
Name of Entired Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Chamberlin Name of Person
Island E Bille Rental) LL(Firm/Company
500 Sand Hill CT
Mareo Island FL 34145
Marko Island FL 34145 City/State and Zip Code Jim @ Jim Chamber I'N, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Chamberlie at (239-) 860-6005 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island e bike r	entals LLC	
(Name of the Limited Lia (A Flo	whility Company as it now appears on our records.) Orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L1900005037}{L}$	y Company were filed on $2-20-19$ and assigno	ed
This amendment is submitted to amend the following	y;	
A. If amending name, enter the new name of the li		
MAYCO Is and Bille Centa The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR 25 AND SEE FLE	FILE
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, enter the name of t	the new
Name of New Registered Agent:	Sarre	
New Registered Office Address:	Enter Florida street address	
	Cuy , 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

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 Type of Action **Title** Name <u>Address</u> □ Add ☐ Remove ☐ Change ☐ Remove □**€**hange □ Add _□ Remove _ Change _□ ∧dd _□ Remove _D Change _□ Add _□ Remove

_ Change

		_
		-
_		_
		_
		_
_		
_		_
		-
_		_
_		_
	ALL.	
	HE PR	71
_	355 X 25	
_	<u> </u>	
	70; ±	D
_		_
_	→	-
_		
E. Effectiv	ve date, if other than the date of filing: (optional)	16 0207 (2VI
Note:	ctive 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	sted as the
docume	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:
,5,		
Dated	4-23-19	
_		
	Signature of a member or authorized representative of a member	
	James Chamber IIN Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00