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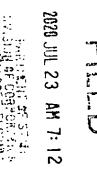
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S. YOUNG

### **COVER LETTER**

TO: Registration Sec Division of Corp		*	
SUBJECT: BIK	e ER, LLC Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Jose Luis	Camacho Riv	er <u>a</u>
	BIKE ER	Firm/Company	-
	11518 Grav	Address	
	Clement,	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
	Your bikees E-mail address: (to	o be used for future annual report no	otification)
For further information co	oncerning this matter, please ca		
Jose Luis (	amacho River	at ( <u>787</u> ) <u>593</u> Area Code Dayt	-5703 ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bike ER, LLC	·	26
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records. nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L1900029929</u>		9 Page and Sssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	i≽ ∰ N
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u>-</u>	, Flor	rida
	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 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>	Address	Type of Action
MGR	Jose L Camacho River	ra 11518 Grand Bay Blvo	_ D∕Add
		Clermont, Fl 34711	□Remove
			□ Change
MGR	Jorge R Lugo Velazque	2 15840 State Road #50	🗆 Add
	J	Lo+#59	
		Clermont, Fl 34711	Change
MGR	Ana D Marquez De Jesu	s 15840 State Road #50	□Add
	•	Lo+#59	
		Clermont, Fl 3471	□Change
			□Add
			□Remove
			□Add
			□Remove
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			□Remove
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Note:	ive date, if other than the date of filing:
record is fi	d 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 led.
Dated	7/21/2020 / / / / / / / / / / / / / / / / / / /
	Signature of a member or authorized representative of a member
	Jose Luis Camacho Rivera Typed or printed name of signee

Filing Fee: \$25.00