L20000197776

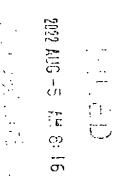
(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified dopped Certified as Grand
Special Instructions to Filing Officer:
,
/. /
(10)25
6/10/25

Office Use Only



500392038515

08/05/22--01011--012 **25.00



COVER LETTER

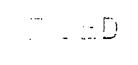
TO:				,	e e e e e e e e e e e e e e e e e e e	,	
eum uce	(TT)	NSB E BIKES	S, LLC			••	
SUBJEC	∪I: <u>.</u>	Name of Limited Liability Company					
The encl	osed .	Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please re	eturn a	dl correspond	ence concerning this matter	to the following:			
			Elena Marchese				
NSB E BIKES, 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: Elena Marchese Name of Person NSB E Bikes, LLC Firm/Company PO Box 183 Address New Smyrna Beach, FL 32170 City/State and Zip Code Elena@daytonaelectricbikes.com E-mail address: (to be used for future annual reg For further information concerning this matter, please call: Elena Marchese Name of Person Area Code (401) 551- Enclosed is a check for the following amount: S25.00 Filing Fee S25.00 Filing Fee Certificate of Status Mailing Address: Street Additional copy is enclose		-					
		NSB E BIKES, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing, of all correspondence concerning this matter to the following: Elena Marchese Name of Person NSB E Bikes, LLC Firm/Company PO Box 183 Address New Smyrna Beach, FL 32170 City/State and Zip Code Elena@daytonaelectricbikes.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: lesse Name of Person Area Code (401) 557 -5424 check for the following amount: Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 F Certificate of Status Certified Copy fadditional copy is enclosed) Street Address:					
				Firm/Company		-	
			PO Box 183		Daytime Telephone Number 57 - 5434 c & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
				Address		-	
			New Smyrna Beach, FL 32	2170			
				•	41-1-1-		
					rt notification)		
For furth	er info	ormation cond	cerning this matter, please ca	ali:			
Elena Ma	arches	se					
		Name of Pe	erson	Area Code E (401) 557-5	Paytime Telephone Numbe	 г	
Enclosed	is a c	heck for the f	following amount:				
\$25.0	00 Fil	ing Fec		Certified Copy	Certifica Certified	te of Status & Copy	
			otion				

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



2022 AUG -5 AH 8: 16

NSB E Bikes, LLC		the contract
(Name of the Limited Li (A F	ability Company as it now appears on our records orida Limited Liability Company)	<u>(,)</u>
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on July 10, 2020	and assigned
This amendment is submitted to amend the following	g:	
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 AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		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>	Name	Address	Type of Action
AMBR	David Lyle	35 Circle Drive	
		Port Orange, FL 32127	≣Remove
			□Change
			□Add
			Remove
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Remove
			□Change

_		
_		
_		
_		
_		
lf an effect <u>Note:</u> If	e date, if other than the date of filing:)207 d as
documen	nt's effective date on the Department of State's records.	
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t d.	the
Dated _	august 2 2022	
	A litera Minister	
	August 2 . 2022 Illua Macluse Signature of a member or authorized representative of a member ELENA MARCHESE Typed or printed name of signee	

Filing Fee: \$25.00