## L2000 209896

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: / ÜCE	ran Kulfure E	ited Liability Company		
	·			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Anne F	Name of Person		
		ure E-Bikes, C	: <u>LC</u>	
	425 Oceanw	ood Drive		
	Neptune B Ocean Kultu E-mail address:	each, FL 32260 City/State and Zip Code ire E. Bikes a act to be used for future annual report noti	6. COM	
For further information c	oncerning this matter, please ca	all:		
Anne Min Name o	laire_ f Person	at (904) 207 Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
<b>№</b> \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9 Division of C	Section 'orporations	Street Address: Registration Second Division of Cor	porations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7-20-2020 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number 4 20000 20 9896. 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 abbr 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

## 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.

City

\_, Florida \_

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>	Type of Action
MGR	Anne Millaire	425 Oceanwood Dr.	<b>√</b> Add
		425 Oceanwood Dr. Nepfune Beach, FC 32266	□Remove
		32266	□ Change
			□Add
			□Remove
			□Change
			□ Λdd
			□Remove
			□Change
			□∧dd
			□Remove
		<del></del>	Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

. If amending any other in	ormation, enter c	change(s) here: (Att	ach additional sheet	s, if necessary.)	
		· · ·			
			<u>.</u>		
Effective date, if other that (If an effective date is listed, the date inserted in document's effective date or	this block does not a	meet the applicable sta	of filing or more than 90 ntunory filing requiren	(optional) days after tiling.) Pursuant t tents, this date will not b	o 605.0207 (3 e listed as th
ne record specifies a delayed coord is filed.	ffective date, but not	ot an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th day	after the
Dated <u>Jely</u> 30	) ///	<u>2020</u>			
	Signature of a	member or authorized re	epresentative of a memb	er	_
	Anne	Hillaire Typed or printed name			
	<del></del>	Typed or printed name	of signee		•

Filing Fee: \$25.00