## L20000257160

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21 SEP 27 PNI2: 10

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ebika Adventures of St Pete Name of Limited Liability Company
thane of Shined English Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Pomerou
Ebike Adventures of St Pete
1043 Brookwood CTS
St Petersburg, F133707 City State and Zip Code
Ebikeadventuresofst Petereg Mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Pomeroy at (727) 275-0249  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature

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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

Ebikos Adventures of Starter Ph 12: 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited LiFlorida document number <u>L2000025</u>	
This amendment is submitted to amend the follo	
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office addresses.	registered office address on our records, enter the name of the new registered ss here:
Name of New Registered Agent:	Andrew Pomeroy
New Registered Office Address:	1043 Brookwood CT S  Enter Florida street address
	St Pete(Sbug, Fl., Florida 33707)  Zip Code
Now Projectored Agent's Signature, if shanging 1	Dagistared Agent

## 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				
<u>Title</u>	<u>Name</u>	Address 21 SEF 27 PH 12:	Type of Action	
			□Add	
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	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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~- <u>-</u>	
<del></del> -	
Effective date, if	other than the date of filing: (optional)
If an effective date is !	fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (anserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ve date on the Department of State's records.
record 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
d is filed.	actuated execute date, but not an execute time, at 12.01 d.m. on the curren on (p)
2.4	
Dated	20721
3aicu <u>' ' '</u>	
	1011 Town
	Signature of a member or authorized representative of a member
	ANDREW TOMERCY
	Typed or printed name of signee