## K20000280489

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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

•					
RPM Bicyc SUBJECT:	cle Services LLC				
SUBJECT.	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Thomas DeSilva				
	<del></del> -	Name of Person	<u> </u>		
	RPM Bicycle Services LL	.c			
		Firm/Company			
	629 Jamestown Blvd. Apt	1223			
		Address	·		
	Altamonte Springs, FL. 32	2714			
		City/State and Zip Code			
	rpmbicycleservices@gmail		7.		
<b>.</b>		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please o	all:			
Jacqueline Deming		407 4088487 at ( )			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Co			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**RPM Bicycle Services LLC** (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 Liability Company were filed on 09/08/2020 and assigned Florida document number  $\underline{L20000280489}$ 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 abbreviation "LLC." 629 Jamestown Blvd Enter new principal offices address, if applicable: Apt 1223 (Principal office address MUST BE A STREET ADDRESS) Altamonte Springs, FL. 32714 629 Jamestown Blvd Enter new mailing address, if applicable: Apt 1223 (Mailing address MAY BE A POST OFFICE BOX) Altamonte Springs, FL. 32714 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: 629 Jamestown Blvd. Apt 1223 New Registered Office Address: Enter Florida street address , Florida 32714
Zip Code **Altamonte Springs** 

## 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	Thomas DeSilva	629 Jamestown Blvd	□Add
		Apt 1223	□Remove
		Altamonte Springs, FL. 32714	🗏 Change
MGR	Jacqueline Deming	629 Jamestown Blvd	
		Apt 1223	
		Altamonte Springs, FL. 32714	■Change
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			Remove
			27 19 Change
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Signature of a member of	outhorized corne	entative of a member	7	