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TO:

Registration Section

Div	ision of Cor	porations				
	World Bike	Export LLC	•			
SUBJECT:	_	Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Bryan S Bonilla				
			Name of Person			
		World Bike Export				
			Firm/Company			
		17682 94th ST N				
			Address		20.	
		Loxahatchee FL 33470			2021 KAR	
		worldbikeexport@gmail.co	City/State and Zip Code		9 1	
			to be used for future annual report no		3 3	
For further is	nformation c	oncerning this matter, please c	all:	STAT	?:	
Bryan Bonil	la		508 361-4173 at ()	ਾ। 	.သ —	
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
≘ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Cor	ertificate of Status &	
Mailing Address: Registration Section		Street Address: Registration S	ection			
Division of Corporations		Division of Corporations The Centre of Tallahassee				
	D. Box 632 Hahassee, I			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Bike Export LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on December 14th, 2020	and assigned
Florida document number L20000390016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
BB Team LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1921
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rate and the address of smalleshies		o J
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	,	2
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Cit	<i>v</i>	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
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			□Remove
			□Add
			□Remove
			200 □Change
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fective date, if other than the date of filing:		(ont	ional)		
n effective date is listed, the date must be specific and cannot be p	prior to date of filing of	or more than 90 days after	r filing.)	Pursuan	t to 605.020
	plicable statutory f	iling requirements, th	is date v	vill not	be listed a
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Filing Fee: \$25.00