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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

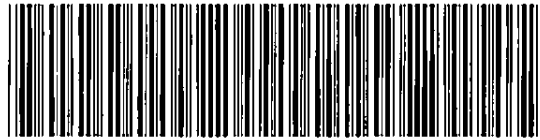
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 22 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BYCICLE VAN AND BYCICLE TEAM 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:

VENTRESE FAUST

Name of Person

BYCICLE VAN AND BYCICLE TEAM LLC

Firm/Company

6310 PINESTEAD DR APT 411

Address

LAKE WORTH, FL 33463

City/State and Zip Code

BICYCLEVAN2000@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VENTRESE FAUST

561

3138656

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VENTRESE FAUST	6310 PINE STEAD DR	<input checked="" type="checkbox"/> Add
		LAKE WORTH FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMOTHY FAUST	6310 PINE STEAD DR	<input checked="" type="checkbox"/> Add
		LAKE WORTH FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Dated 05/10/2024, _____

Ventrose Faust

Signature of a member or authorized representative of a member

Ventrese faust

Typed or printed name of signee