# L21000 162 172

(Requestor's Name)
(Address)
(Address)
(City/State/Zie/Dhana to
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

	Registration Sec Division of Corp			
	BIDON CY			
SUBJEC	T:	Name of Limite	ed Liability Company	
		amendment and fee(s) are submidence concerning this matter to		
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com. Inc.		
			Firm/Company	
		101 N Brand Blvd 1 Ith Fl		
			Address	<del></del>
		Glendale, CA 91203		
			City/State and Zip Code	
		info@bidoncycling.com		
		E-mail address: (to	o be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please cal	11:	
Cheyen	me Moseley		800 773-0888	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	€ 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)	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIDON CYCLING LLC	in an analysis of the same of
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number <u>L21000162172</u>	were filed on 04/07/2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	
nter new principal offices address, if applicable:	6619 S Dixie Hwy #244
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33143
nter new mailing address, if applicable:	6619 S Dixic Hwy #244
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33143
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Planida
<del></del>	, Florida

#### 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>	<u>Address</u>	Type of Action
AMBR	SMITH, MINELLY		
			☐ Remove
		6619 S Dixie Hwy #244 Miami, FL 33143	<b>≅</b> Change
AMBR	MENA, ADRIAN		Add
			☐ Remove
		6619 S Dixie Hwy #244 Miami, FL 33143	☐ Change
	<del></del>		□ Add
			□ Remove
			☐ Change
			D Add
		<del></del>	П Ретюче
			Change
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			Change

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te: If the date inserted	than the date of filing: the date must be specific and cannot be prior in this block does not meet the applic on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Purable statutory filing requirements, this date wil	irsuunt to 605.0207 I not be listed as
record specifies a he 90th day after	e delayed effective date, but no r the record is filed.	ot an effective time, at 12:01 a.m. on	the earlier of
ted		·	
	Signature of a member or auth		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00