## L21000172600

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	)
(Dc	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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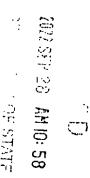
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A. RIVERS
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## **COVER LETTER**

TO: Registration Se Division of Co			
BÎKEMAN	CMOTORCYCLES LLC		
SUBJECT:	Name of Line	ited Liaothty Company	
Title a second a second A section and	Sharran larger and Prof Sharran and		
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANCISCO R OTERO I	BARRETO	
		Name of Person	
		Firm/Company	
	5790 RODMAN ST UNIT	1-7	
		Address	
	HOLLYWOOD, FL 33021	}	
		City/State and Zip Code	<del></del>
	therealoso8(@gmail.com	to be used for future annual report not	Vertion)
L'a Gardie e la formante e a			neathin)
ror furaer information c	concerning this matter, please e	dii:	
FRANCISCO R OTERO	) BARRETO	954 673-4031 at ()	
Name c	if Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is eached)	☐ \$60.00 Filing Fee, Certificate of Status & Certifica Copy (additional copy is enclosed)
Mailing Addre	<u> </u>	Street Address;	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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**

## BIKEMAX MOTORCYCLES LLC

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

The Articles of Organization for this Limited Liability Company were for Elorida document number $\frac{L21000172600}{L21000172600}$ .	iled on <u>04/14/2021</u> and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
HOLLYWOOD MOTORCYCLES LLC			
The new name must be distinguishable and contain the words "Limited Liability Con-	pany," the designation "LLC" or the abbreviation "L,L.C."		
Enter new principal offices address, if applicable: 5790	RODMAN ST UNIT 1-7		
	HOLLYWOOD, FL 33023		
<del></del>			
Enter new mailing address, if applicable: 5790	RODMAN ST UNIT 1-7		
	LLYWOOD, FL 33023		
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name of the new register		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address (5)		
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, it this gocument 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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Note: If the date inserted in this block document's effective date on the Depa erceord specifies a delayed effective date is filed.  SEPTEMBER, 09th Dated	ate, but not an effective time, a	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Jated	t does not meet the applicable artment of State's records.	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the

Filing Fee: \$25.00