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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
MOBILE B	BICYCLE SOLUTIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	unitted for filing	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	EDWIN CALDERON JR		
		Name of Person	
		Firm/Company	
	2446 OAK MILL DRIVE		
		Address	
	KISSIMMEE FL 34744		
		City/State and Zip Code	
	b11013b@gmail.com	to be used for future annual report no	ification)
For further information c	oncerning this matter, please c	·	
EDWIN CALDERON J	₹	407 404-3222 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

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MOBILE BICYCLE SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Co		ed on <u>09/10/2021</u>	and assigned
Florida document number L21000401709			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability con	apany here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Comp	any," the designation "LLC" or (the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
• • •			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		Florid	9
	City	Florid:	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete perforn ent as provided	nance of my duties, and L I for in Chapter 605, F.S.	am familiar with and Or, if this document is
	If Changing Reg	istered Agent, Signature of Nev	w 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>	Address	Type of Action
MGR	SONIA CALDERON	2446 OAK MILL DR. KISSIMMEE FL 34744	
			\ ■Remove
			□Change
AMBR	EDWIN CALDERON JR	2446 OAK MILL DR, KISSIMMEE FL 34744	🗏 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blument's effective date on the Discussion.	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 9 le statutory filing require	(optional) Odays after filing.) Pursuant to 60 ments, this date will not be lis	05.020 sted as
cord specifies a delayed effectiv s filed.	e date, but not an effective tim	e, at 12:01 a.m. on the ear	tlier of: (b) The 90th day aft	ter the
ed OCTOBER 6	2021	<u>.</u> ·		
	9/	<i>"</i>	_,	
	, ,, ,,			
	Signature of a member or authori	zod representative of a control	2015	
	Signature of a member or authori	zed representative of a morn	ber	

Filing Fee: \$25.00