L22000068974

(Re	questor's Name)	
(Add	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	legistration Sec Division of Corp			
SUBJECT	Shock Bikes	s, LLC		
, object	•••	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Damon T Morrison		
			Name of Person	
			Firm/Company	
		4177 Orchid Drive		
		Hernando Beach, FL 3460	Address 7	
			City/State and Zip Code	
		info@shockbikes.com E-mail address: (to be used for future annual report notifi-	cation)
For further	r information co	oncerning this matter, please ca	all:	
Damon T	Morrison		615 4783621	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022

Shock Bikes, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>ds.)</u>
The Articles of Organization for this Limited L Florida document number L22000068974	iability Company	were filed on February 9, 2022	and assigned
This amendment is submitted to amend the foll	owing:		·
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		14540 County Line Road	
(Principal office address MUST BE A STREE		Spring Hill, FL 34610	
Enter new mailing address, if applicable:		14540 County Line Road	
Mailing address MAY BE A POST OFFICE BOX)		Spring Hill, FL 34610	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Damon T Morr	rison	
New Registered Office Address:	4177 Orchid D	rive Enter Florida street addr	ess
	Hernando Beac	:h	lorida 34607
		City	7 in 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
MGR	Damon T Morrison	4177 Orchid Drive	
		Hernando Beach, FL 34607	Remove
			■ Change
			□Add
			□ Remove
			Change
			Remove
			Change
			□Add
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ctive date, if other than t effective date is listed, the date i	must be specific an	d cannot be prior to	date of filing or n	nore than 90 days a	otional) fter filing.) Pur	suant to 6	505.02
e: If the date inserted in this iment's effective date on the			ole statutory filir	ng requirements, i	this date will	not be l	isted
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ord specifies a delayed effec	rtive date, but no	t an effective tin	ne. at 12:01 a.m.	on the earlier of:	(b) The 90	th day a	fter th
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		2022	_ •				1023
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		. 2022 member or author	_ ·				2022 JUL 11