## L22000211554

(Re	questor's Name)	
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
SUBJECT:		LIGTHING BIKES LLC					
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ondence concerning this matter	-				
		TIM GARAY					
			Name of Person				
			Firm/Company				
		17121 CAM COURT SUI					
			Address				
		FORT MYERS FL 33967					
		timgaray@hotmail.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report	notification)			
For further in	nformation c	oncerning this matter, please ca	all:				
TIM GARA	Y		239 2462989	)			
	Name o	f Person	Area Code Da	sytime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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 tadditional copy is enclosed)			
Reg	iling Addres gistration S	Section	Street Addres Registration				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTING BIKES LLC		HAY FAR BAS
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our r Limited Liability Company)	records.) SOFE FL
The Articles of Organization for this Limited Liability Co Florida document number L22000211554	ompany were tiled on MAY 4, 202	PH Signed: 08
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
LIGHTNING BIKES LLC		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Fator man mailing address if and that		
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:	l office address on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		. Florida
	City	Zip 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 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>	Address	Type of Action
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			□ Remove
			□Change
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			□Change

D. If amending any other inform	ation, enter cha	inge(s) here:	(Attach additiona	d sheets, if necess	sary.)		
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this to document's effective date on the list	ust be specific and co block does not me	annot be prior to c et the applicable	date of filing or more e statutory filing re	(option than 90 days after fil equirements, this d	ling.) Pursuant to 60	)5,0207 sted as	(3)(b) the
f the record specifies a delayed effecti ecord is filed.	ive date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day aft	±2022	
Dated MAY 20		2022			AHASSET	2022 MAY 27 PN 6: 08	
	Signature of a me	ember ne antiporiza	ed representative of	a member	ric For	PH (	$\Box$
TIM A GARAY LAU		- ,			E TAILE LORIDA	5: 08	
<del></del>	<del>- 1</del>	'yped or printed n	name of signee				

Filing Fee: \$25.00