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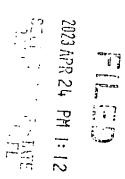
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### **COVER LETTER**

TO: Registration Se Division of Cor						
	LING USA LLC		<b>\$</b>			
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	AÇ	OUILES ADDEO BELFORT				
		Name of Person				
	-	Firm/Company				
	8430	NW 68TH STREET UNIT 1	) 1: .	202 SF		
	<del> </del>	Address		3 Ap	=	
		MIAMI, FL 33166		2023 APR 24		
	City/State and Zip Code					
	E-mail address: (	Addeo.aquiles@gmail.com to be used for future annual report noti	fication)	PM 1: 12	9	
For further information c	oncerning this matter, please c	·	<del>,</del> .	12		
Josefina Lavini		954 6556395				
Name o	f Person	at () Area Code Daytim	e Telephone Number	<del></del>		
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)	Certified Co	icate of Status &		
Mailing Addres		Street Address:	dia.			
Registration S Division of C		Registration Sec Division of Cor				
P.O. Box 632		The Centre of T	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIST CYCLING USA LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$ Florida document number $\frac{1.23000016189}{1.23000016189}$ .	anuary 17, 2023 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company i	<u>here</u> :
Bike Art USA, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023 APR
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	N ==
Enter new mailing address, if applicable:	
	- T
	E 2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	24 PH 1: 12
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	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>	<u>Address</u>	Type of Action
AMBR	JOSEFINA LAVINI	11675 NW 78th Lane, Doral, FL 33178	≣Add
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fective date, if other than to the effective date is listed, the date in te: If the date inserted in this cument's effective date on the	ne date of filing: _ nust be specific and can block does not meet	the applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing ements, this date	.) Pursuant to 60	05.02 sted
record specifies a delay The 90th day after the r		e, but not an e	effective time, a	t 12:01 a.m.	on the earl	lier
April 13,	. 20	023				
- Tour	Descriptions of a more	ber or authorized r	epresentative of a mer	nber		

Page 3 of 3

Filing Fee: \$25.00