

L23000090842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

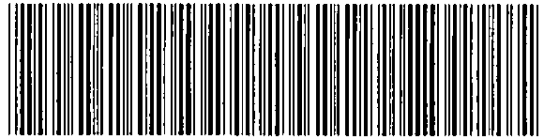
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/10/23--01008--005 **25.00

2023 JUL 10 AM 8:34

2023 JUL 10 AM 8:34

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Amendment Details:

- Company Name: Lioness Cycling LLC
- Document/Application Title: Amendment to Add Member
- Date of Original Filing: [02/15/2023]
- Personal Contact info: linacatolicocanon@gmail.com/ (303)-246-1430

The enclosed amendment form has been completed accurately and signed by the relevant parties. Additionally, I have included a check in the amount of \$25, made payable to the Florida Department of State, to cover the required filing fee. Kindly process this payment upon receipt.

Please review the enclosed documents and ensure all necessary information is provided for the amendment process. If any additional information or documentation is required, please contact me at the daytime telephone number or email address provided above.

Once the amendment has been successfully filed, I kindly request that you issue a letter of acknowledgment to Lioness Cycling LLC at the address provided above. This letter will serve as confirmation of the successful filing of the amendment and the addition of the new member to the LLC.

Thank you for your prompt attention to this matter. I look forward to receiving the letter of acknowledgment and the updated documentation reflecting the amendment. Should you require any further information or have any questions, please do not hesitate to contact me.

Yours faithfully,
Lina Catolico

COVER LETTER

**TO: Registration Section
Division of Corporations**

Lioness Cycling LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lina Catolico Canon

Name of Person

Lioness Cycling LLC

Firm/Company

2301 Laguna Cir Apt 307

Address

North Miami/FL 33181

City/State and Zip Code

linacatolicocanon@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lina Catolico

303

246-1430

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

2023 JUL 10 AM 8:34

Lioness Cycling LLC

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

(A Florida Limited Liability Company)

JUL 10 2023

The Articles of Organization for this Limited Liability Company were filed on 02/15/2023 and assigned
Florida document number 123000090842.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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>	<u>Type of Action</u>
AMBR	KAREL DUARTE	2301 LAGUNA CIR, NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/26, 2023

Lina Catolico

Signature of a member or authorized representative of a member

LINA CATOLICO CANON

Typed or printed name of signee