L23000 498 032

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11/27/23--01039--018 **30.00

COVER LETTER

TO: Registration Section

Division of Cor	porations		
CYCLES P			
SUBJECT:	Name of Lim	ited Liability Company	
The make and Section of	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	in . I for filling	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for thing,	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNIFER L. MEADOW	s	
		Name of Person	
	CYCLES PLUS LLC		
		Firm/Company	
	2642 ROSSELLE STREE	I' UNIT 6	•
		Address	·
	JACKSONVILLE, FLORI	DA 32204	
	-	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	Hification)
For further information c	oncerning this matter, please c	all:	
JENNIFER L. MEADO	ws	904 505-3358	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration !		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of	
rananassee,	1 لکریا ۱	2410 N. MOIII	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000498032</u> .	were filed on 11/01/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	42 ROSSELLE STREET UNIT 6	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLORIDA 32204	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	e of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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 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>	Name	Address	Type of Action
MGR	RUSSELL K. FARRELL	2438 SYLVAN CHASE DRIVE	□Add
		ORANGE PARK, FL 32073	■Remove
			□ Change
			□ Remove
			□Remove
			□Change
			□Add
			□ Remove
	-		
			□Remove
			□Change
			□Add
			□ Remove
			□Change

-	
-	**PLEASE CHANGE THE TITLE TO MANAGER AND ZIP CODE TO BUSINESS
-	FOR JENNIFER L. MEADOWS/CYCLES PLUS LLC***
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-	<u> </u>
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lf an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) (active 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
e recor rd is fi	d 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 led.
Dated	$\frac{11/15}{2023}$
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee