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(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	it of Articles			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Richard L Taylor			
		Name of Person		
		Firm/Company		
	1034 Jacaranda Circle			
		Address		8 8
	Rockledge FL 32955			DZ4 NO ECRE
	rebelrick9@aol.com	City/State and Zip Code		2024 NOV -8 PH 1: 42 SECRETAL SEE STATE
	E-mail address: (to be used for future annual report notifi	cation)	8 PH
For further information c	oncerning this matter, please c	all:		
Richard Taylor		321 223-6288		7 K
Name o	f Person	Area Code Daytime	Telephone Number	
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)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
Mailing Addres Registration 5	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Corp The Centre of Ta		
Tallahassee, I			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELCTRO CYCLE LLC	C	<u> </u>
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on 10/23/2024 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
ELECTRO CYCLE LLC		202 TA
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.E."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>PESS)</u>	
		D + +
Enter new mailing address, if applicable:		·: N
(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:	i office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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
			□Add
			□Remove
			Change
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fective date, if other than t	ne date of filing: nust be specific and cannot be prior to date of filing o	(optional)	
in effective date is listed, the date in ote: If the date inserted in this	oust be specific and cannot be prior to date of filing of block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 60 iling requirements, this date will not be li	05.0207 sted as
	Department of State's records.		
	·	1 L A A A 777 OF L L	
is filed.	ive date, but not an effective time, at 12:01 a.i	m, on the eartier of: (b) The 90th day at	ter the
Norman de la	2024		
ited November 4	2024		
1. (a a l	Pa Bala		
- Commics	Signature of a member or authorized representat	tive of a member	
Richard L Taylor			
Kichalu L Tavioi			

Filing Fee: \$25.00