L1000065835

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EXAMINER



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02/07/11--01026--001 **25.00

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SECRETARY OF STATE
ANASSEF FIGRIN

COVER LETTER

TO:	Registration So Division of Con			* to 100 m
SUBJI	ECT:	WHEELEI	R RENTALS LLC	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			John T. Wheeler	
			Name of Person	
			•	•
			Firm/Company	
			P.O. Box 1468	
			Address	
			Anahuac, TX 77514	
			City/State and Zip Code	
		fs	peer1100@aol.com	
		E-mail address: (to be used for future annual report notific	eation)
For fu	rther information o	oncerning this matter, please o	call:	
	Fa	awn Cougot	at (_850_)4	120-0532
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
₹2 5	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURSE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WHEELER RENTALS	SLLC	<u> </u>		
(Name	of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)			
The Articles of Organization for	this Limited Liability Company were filed	I onJune 21, 2010	and assigned		
Florida document number	L10000065835				
This amendment is submitted to	amend the following:				
A. If amending name, enter th	e new name of the limited liability comp	oany here:			
The new name must be distinguish: "L.L.C."	able and end with the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation		
Enter new principal offices add	iress, if applicable:				
(Principal office address MUST	BE A STREET ADDRESS)		ALC:		
•					
			ASS		
Enter new mailing address, if	pplicable:				
(Mailing address MAY BE A Pe	DST OFFICE BOX)				
			- RIA :		
			DM O		
	ed agent and/or registered office addr wregistered office address here:	ess on our records, <u>ente</u>	the name of the new		
		•			
Name of New Register	ed 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Name	Address	Type of Action
GRM	Daniel S. Wheeler	P.O. Box 849 Caldwall, TX 77836	Add 7 Remove
 			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Add Remove
If amend	ing any other information, enter c	thange(s) here: (Attach additional sheets, if necessary.)	
******			,
ed/~	22-10 John of	Old ember or authorized representative of a member	

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Filing Fee: \$25.00