

3/22/2017

Division of Corporations

L17000041397

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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17 MAR 22 PM 4:49
FALL WHEELERS AND A SPARE, LLC
STATE OF FLORIDA

2017 MAR 22 PH 4:59

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4 WHEELERS AND A SPARE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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4 WHEELERS AND A SPARE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/21/2017 and assigned Florida document number L17000041397

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 "L.L.C."

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: STEPHANIE S. WHEELER

New Registered Office Address: 11133 COUNTY LINE RD

Enter Florida street address

SPRING HILL, Florida 34609

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.

Handwritten signature of Stephanie S. Wheeler
If Changing Registered Agent, Signature of New Registered Agent

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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	JAMES S. WHEELER	136 Beecher Hoftsclaw Rd	<input type="checkbox"/> Add
		Roan Mountain, TN 37687	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 MAR 22 AM 6:08
 STATE OF TENNESSEE
 DEPARTMENT OF REVENUE

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