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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : I20170000039 Phone : (407)301-2659 Fax Number : (407)846-0320

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

brenda. mas@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OBESSESSIONS WHEELS KISSIMMEE LLC

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K. SALY

MAR 1 3 2025

COVER LETTER

TO:

TO: Registration S Division of Co			
OBSSESS SUBJECT:	SIONS WHEELS KISSIMMEE	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Esther M Cosme		
	1	Name of Person	
		FirmvCompany	
	1897 John Henry Jones B	Address	
	Kissimmee FL 34741	Address	
	brenda.mas@aol.com	City/State and Zip Code	
For further information	E-mail address: (to be used for future annual report noti	fication)
Brenda Mas	conterning min matter, prease c	407 301-2659 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
4		Tallahassee, FL	· · · · · · · · · · · · · · · · · · ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL
2025 MAR 12 PH 2: 48
MILLAND SSECTIONS

OBSSESSIONS WHEELS KISSIMMEE LLC

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

The Articles of Organization for this Limited Liability Co	orupuny were filed on 05	/27/2021	and assigned			
Florida document number 1.21000250249						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability company he	ere:				
OBSESSIONS WHEELS KISSIMMEE LLC		. —				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	ESS)					
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE 4 POST OFFICE BOX)						
B. If amending the registered agent and/or registered	office address on our re	ecords, <u>enter the nar</u>	ne of the new registered			
agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Flore	ida street address				
	, Florida					
N			Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:					
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of i ont as provided for in C	my duties, and I am hapter 605, F.S. Or	familiar with and , if this document is			
	If Changing Registered Age	nt, Signature of New Re	gistered 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 Title Name <u>Address</u> Type of Action _____ □Change _____ □Add _____ _ _ _ Add ______ DChange

_____ Change

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record specifies a delayed effect d is filed.	ive date, bi	it not an c	effective ti	me, at 12	:01 a.m. o	on the ear	li e r of: (b) The 9	0th day a	fter the
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