



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2023

INCORPORATING SERVICES

SUBJECT: AWRS DADE LLC
Ref. Number: M17000000268

Please note: the original submission date as the file date thanks! :)

2023 JUL -6 11:11:32

We have received your document for AWRS DADE LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 523A00015150

Ⓟ

Please note: the original submission date as the file date thanks! :)

2023 JUL 11 AM 10:24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 7/6/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1161512

ORDER ENTITY
AWRS DADE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

AWRS DADE, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2023 JUN -6 PM 10:22

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

AWRS Dade, LLC

SUBJECT: _____
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carson Klarck

Name of Person

Chapman and Cutler LLP

Firm/Company

320 S. Canal St

Address

Chicago, IL 60606

City/State and Zip Code

cklarck@chapman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carson Klarck

845-3892

at (312) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

2023 JUN -6 10:32

1001

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: AWRS Dade, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000000268

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 1, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: WheelCo Solutions, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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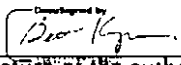
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			<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Digitally signed by


Signature of the authorized representative

Brent Kugman

Typed or printed name of signee

Filing Fee: \$25.00

2023 JUN -6 10:33

Filing

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'ALLOY WHEEL REPAIR SPECIALISTS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'WHEELCO SPECIALISTS, LLC' ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2023, AT 4:36 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5806226 8320
SR# 20232954293

Authentication: 203709548
Date: 07-10-23

You may verify this certificate online at corp.delaware.gov/authver.shtml