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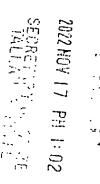
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COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: BIG	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Michelle Lancianese Name of Person	
	Big Wheels LLC Firm/Company	
	7457 Park Lane Road	21
	Lake Worth, FL 33449 City/State and Zip Code	[T T T Z Z Z Z Z Z Z NOV 1 Z Z Z Z NOV 1 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
Michelle Name of Pe	Lancique Se at (561) 662 - 7646 Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
\$\frac{1}{2}\$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Wheels	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on $9/30/200$	○ <mark>੫</mark> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		022
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
<u> </u>		
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 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
AMBR	Kevin Cloyd	7457 Park Lane Road	Add
		Lake Worth, FL 33449	□Remove
			□Change
AMBR	Abigail Lulfs	7457 Park Lane Road	ੴAdd
		Lake Worth, FL 33449	□Remove
			Change
AMBR	Melissa Epling	7457 Park Lane Road	&Add
		Lake Worth, FL 33449	☐ □Remove
			□Change
			Add_202
			Remove
			Change
			⊡Change
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an effective de tote: If the c	te, if other than ate is listed, the date date inserted in th ffective date on the	e must be specific a is block does not	nd cannot be meet the ap	pplicable st	of filing or mor atutory filing	c than 90 days	optional) after filing.) , this date v	Pursuant vill not l	to 605.0: be listed	207 (as 1
encord eraci	fies a delayed eff	ective date, but n	ot an effecti	ive time, at	12:01 a.m. or	the earlier o	f: (b) The	90th da	y after t	he
d is filed.	11/	11		2022						

Filing Fee: \$25.00