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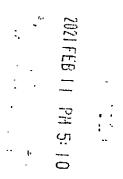
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WHEELZ, U.S. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUUE STARR Name of Person
Firm/Company
626 CHENSTRAND STE
LEHIGH ACRES, FL 33974 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 707 - 5503 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHEELZ, U	<u></u>		2021 FEB P)	15: 10
(Name of the Limited L.) (A.F.)	iability Compan lorida Limited Li	y as it now appears on o ability Company)	•	
The Articles of Organization for this Limited Liabili Florida document number 1060010	ity Company v	were filed on 1112	12008	and assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the JSTARR MEDIA The new name must be distinguishable and contain the words	- 11/		tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable of the Applicab		NIA		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u>0</u>	NA		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		idress on our record	ls, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	N/A	-n.v.		
New Registered Office Address:		Enter Florida str	eet address	
		City	, Florida	Zip Code
		Ciù		rap cone

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:

AMBR = A	Authorized Member		M **	
<u>Title</u>	<u>Name</u>	Address	2621 FEB 11 PH 5: 10	Type of Action
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		JULIE STARR