

L11000036900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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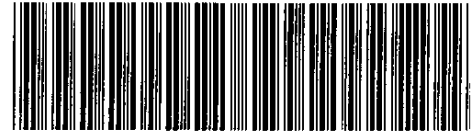
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRY,

APR - 8 20

EXAMIN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Wheel Tour LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVED V. GUL

Name of Person

THE WHEEL TOUR

Firm/Company

12240 SW 113th AVE

Address

MIAMI, FL 33176

City/State and Zip Code

IAMJAVEDG @ GMAIL.COM

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

For further information concerning this matter, please call:

JAVED V. GUL

Name of Person

at ( 305 ) 431-4973

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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

11 APR  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
THE WHEEL TOUR LLC

**SECOND:** The articles of organization or the application to transact business

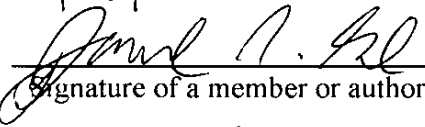
**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
MANAGER / MEMBER DETAIL WAS ACCIDENTALLY  
PLEASE CHANGE MANAGER / MEMBER DETAIL TO  
FOLLOWING : JAVED GUL 12240 SW 113<sup>th</sup> A  
MIAMI, FL 33176

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 04/4/2011



Signature of a member or authorized representative of a member

JAVED GUL

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L1100003690  
FILED 8:00 AM  
March 28, 2011  
Sec. Of State  
kasaly

**Article I**

The name of the Limited Liability Company is:

THE WHEEL TOUR LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

12240 SW 113TH AVE  
MIAMI, FL. 33176

The mailing address of the Limited Liability Company is:

12240 SW 113TH AVE  
MIAMI, FL. 33176

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

JAVED GUL  
12240 SW 113TH AVE  
MIAMI, FL. 33176

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JAVED GUL

**Article V**

The effective date for this Limited Liability Company shall be:

03/28/2011

Signature of member or an authorized representative of a member

Electronic Signature: JAVED GUL

I am the member or authorized representative submitting these Articles of Organization and affirm the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the company and every year thereafter to maintain "active" status.

11 APR - 7 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA