

L11000108140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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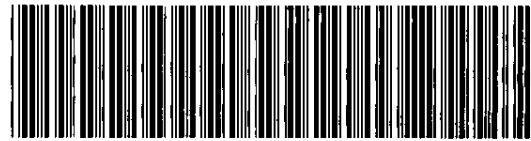
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHEELMAX 111, LLC
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:

James M Schiff

Name of Person

James M. Schiff, P.A.

Firm/Company

9130 South Dadeland Blvd. Suite 1225

Address

Miami, FL 33156

City/State and Zip Code

jmschiff@aol.com

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

For further information concerning this matter, please call:

James M. Schiff, Esq.

Name of Person

at (305)

670-5599

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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2011 OCT -3 AM 11:22
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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WHEELMAX 111, LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 21, 2011 and assigned
Florida document number L11000108140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WHEELMAX III, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12019 S.W. 114 Place

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33176

Enter new mailing address, if applicable:

12019 S.W. 114 Place

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33176

FILE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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:

James M. Schiff, Esquire

New Registered Office Address:

9130 South Dadeland Blvd. Suite 1225

Enter Florida street address

Miami

Florida

33156

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 608, 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

When recommending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---|--|
| MGR | Fiorentina Mannella | 9602 S.W. 123 Street Miami, FL 33176 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Ileana D. Villarroel | 10850 S.W. 88 Street Miami, FL 33176 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Ennio Mannella | 12019 S.W. 114 Place Miami, FL 33176 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2011 OCT -3 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated September 30

2011


Signature of a member or authorized representative of a member

Ennio Mannella, Manager
Typed or printed name of signee