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COVER LETTER

TO: Registration Section Division of Corporations	
MIN MININGER	(
SUBJECT: NY NW HEELS	fiLimited Liability Company
	, , , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee(s) ar	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
	IRINIA ZEVIACLOS
	RINA ZEVAUS Name of Person
	MNNITHEGIS (1)
	WNWHEELS LLC Firm/Company
39 <i>2</i>	F GARDEN AVENUE
<u></u>	AMI BEACH FLORIDA 3340
	City/State and Zip Code
N	SS (to be used for future annual report notification)
is-mail add:	ess: (to be used for future annual report notification)
For further information concerning this matter, ple	
IRINA ZEVACIOS	at (<u>A&6</u>) <u>426 92 7 1</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\text{S30.00 Filing Fee \$\delta\$} Certificate of State	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
1 AA DUX UJZ7	Citton Dunding

Tallahassee, Fl. 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- WYNWHEELS	S LCC
(Name of the Limited Liability Compan (A Florida Limited L	y <u>as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{11/20/17}{}$ and assigned
Florida document number <u>L 5000 1 23426</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
	- XX
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LL-C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and of the new registered white address here	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** <u>Title</u> **Address** Name. AMBR 5580 NE 444 COURT LISA GAYLORD _□ Add MIAMI FLORIDA 33137 Remove ☐ Change DbA □ _□ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add _□ Remove _ Change _□ Add _□ Remove _□ Change

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of file	ng:(optional) nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	1207 / ZVKN
Note: If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be listed factors from the statutory filing requirements.	d as the
If the record specifies a delayed effective (b) The 90th day after the record is file	date, but not an effective time, at 12:01 a.m. on the earlie	r of:
Dated November 204h	. 2017 .	
	hill	
Signature of	a member or authorise protester ative of a member	
	RINA ZFUALLO!	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	