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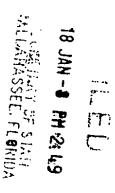
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations
SUBJECT: Wheelz and Dealz 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:
Glen ZIMMerman Name of Person
Wheel wo deal Le
611 SE POLYNSIAN AV
Port Paint LUCK, +134983
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wheelz	and	Deal	Z	LLC	<u>/</u>	
(Name of the Limited (A	Florida Limited L	iability Company)	on our records.)	, ,		
The Articles of Organization for this Limited Liab	ility Company	were filed on	11/20	//7 and	d assign	ed
This amendment is submitted to amend the follow	ing:					\
A. If amending name, enter the new name of the NOCLZ Company of the new name must be distinguishable and contain the word	d De	alz	, LL(-	ODI Cord	
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET)	ADDRESS)					
Enter new mailing address, if applicable:			_	2-		
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>	<u> </u>		全流	_ <u>∠</u>	
				35.5		
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records,	enter the ma	men e	the new
Name of New Registered Agent:						
New Registered Office Address:						<u> </u>
		Enter Florid	la street address			
			, Flor			
		City		Zip C	ode	

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
			
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			SSET Change
			Change To Change
			Remove
		 	☐ Change
		···	□ Add
			☐ Remove
			☐ Change
			Remove
			Change.

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Comma	added.	Mars	Why	I
need to	his chi	ange		
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			HXSSEE, FL	JAN - B PH S
			27. 10.	-
etive date, if other than the offective date is listed, the date must If the date inserted in this bloment's effective date on the Department.	be specific and cannot be prior ick does not meet the applica partment of State's records.	able statutory filing requirer	nents, this date will	not be liste
ecord specifies a delayed e 90th day after the reco	effective date, but no ord is filed.	t an effective time, at	12:01 a.m. on	the earlie
- January	1/ 20/	<u>(</u> .	_	
	signature of a member or autho	·		

Page 3 of 3

Filing Fee: \$25.00