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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wheels Putlet USA LLC DBA Inovit East Coast 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:
BIN TY
Name of Person
Wheels Outlet USA LLC Firm/Company
8455 E Adamo Dr.
Tampa, FL 33619 City/State and Zip Code
ben@inovit com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
BIN TU at (240) 425 2950
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Salution Status Solution Status Solution Solutio

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

Wheels Outlet US (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $0^2/15/2618$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	*: SE
-	AFAR - T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	F6 5 5
-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Address Type of Action Title Name MGR Mao, Yingshen 6333 knob Tree Dr. Add Lithia, FL 33547 Remove ___ Change MGR Yin, Huifang 325 Cordova Steet XAdd
Apt 211 Pasadena, CA 91101 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

			
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to de if the date inserted in this block does not meet the applicable iment's effective date on the Department of State's records.	ate of filing or more than 90 d		
record specifies a delayed effective date, but not ar ne 90th day after the record is filed.	n effective time, at 1	2:01 a.m. on t	:he earlie
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Filing Fee: \$25.00