# 118000/30874

| (Re                     | questor's Name)   |                |
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| PICK-UP                 | ☐ WAIT            | MAIL           |
| (Bu                     | siness Entity Nar | me)            |
| (Do                     | cument Number)    | ·              |
| Certified Copies        | _ Certificates    | s of Status    |
| Special Instructions to | Filing Officer:   |                |
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# · · · COVER LETTER

| TO: Registration Section Division of Corpor |   |                            |                        |   |
|---|---|----------------------------|------------------------|---|
| SUBJECT: Wie                                | hel Truck LLC   | 2                          |                        |   |
|   | Name of Limi  | ted Liability Company      |                        |   |
|   |   |                            |                        |   |
| The enclosed Articles of Am                 | endment and fee(s) are subr   | nitted for filing.         |                        |   |
| Please return all corresponde               | nce concerning this matter t  | to the following:          |                        |   |
|   | Luis  | whicher he                 | vol                    |   |
|   |   | Name of Person             |                        | · · · · · ·   |
|   | whiches   | Truck LC                   |                        |   |
|   |   | rimi/Company               |                        |   |
|   | 3675 N  | 11 Ave A                   | pt 201e                |   |
|   |   | Address                    |                        |   |
|   |   | Haleah, FC                 | - , 33012              |   |
|   |   | City/State and Zip Code    |                        | <del></del> _   |
| _   | 1015W revol   | o be used for future angua | I report notification) |   |
| For further information conce               |   |                            | report nonneunon,      |   |
| 1 : 1:11                                    | 1   |                            |                        |   |
| LUIS WICHEL                                 | 1/24101   | at ( <u>501</u> )          | 541 - 0919             | 1 - 0916)  aytime Telephone Number    \$60.00 Fiting Fee.   Certificate of Status & |
| Name of Fe                                  | SOIL  | Area Code                  | Daytine reteption      | sic (varioci  |
| Enclosed is a check for the fo              | ollowing amount:  |                            |                        |   |
| \$25.00 Filing Fee [                        | BJECT: Wiehd Truck LLC  Name of Limited Liability Company  see enclosed Articles of Amendment and fee(s) are submitted for filing.  asse return all correspondence concerning this matter to the following:  LUIS Wiehel Revol  Name of Person  Wiehel Truck LLC  Firm/Company  3675 W 11 AVE Apt 2016  Address  Hallah FL , 33012  City/State and Zip Code  VISWTEVOL @gmail epm  E-mail address: (to be usedfor future annual report notification)  further information concerning this matter, please call:  LUIS Wiehel Ravol  Name of Person  at (561) 541 - 0919  Area Code Daytime Telephone Number  Closed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy |                            |                        |   |

### 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

| Wlichel  | Truck                               | UC  |                |           |                |                      |
|--|-------------------------------------|---|----------------|-----------|----------------|----------------------|
| (Name of the Limited L<br>(A F   | iability Compar<br>lorida Limited L | iy as it now appears o<br>iability Company) | n our records. | 1         |                |                      |
| The Articles of Organization for this Limited Liabil Florida document number <u>L 1800013087</u>               | ity Company (                       | were filed on                               | 05 24          | 2018      | and assig      | med                  |
| This amendment is submitted to amend the following   | ıg:                                 |   |                |           |                |                      |
| A. If amending name, enter the new name of the   | limited liabi                       | lity company here                           | :              |           |                |                      |
|  |                                     |   | WILCON         |           | ! I            | <u> </u>             |
| The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable | ::                                  | ty Company," the desi<br>3675 W<br>Hale     |                |           |                | 고                    |
| (Principal office address MUST BE A STREET A   | DDRESS)                             | male  | an PL          | 20012     | <u>င္</u> မာ   | 1817<br>1810<br>1817 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                          |                                     |   |                |           | JN 28 PM 12    | PLACE CONTROL        |
| •  |                                     |   |                |           | <del>S</del> _ | <u> </u>             |
| B. If amending the registered agent and/or registered agent and/or the new registered office                   | •                                   |   | our records.   | enter the | name o         | f the new            |
| Name of New Registered Agent:  | Luis V                              | liehel Rev                                  | <i>pol</i>     |           |                |                      |
| New Registered Office Address:   | 3675                                | Jiehel Rev<br>W 11 AVE<br>Ener Floride      | Apt 20         | Dle .     |                |                      |
| _  | h                                   | haleah<br>City                              | , Flor         | ida       | 33012          | !<br>• •             |
| _  |                                     | City  |                | Z         | ip 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 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

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> | <u>Name</u> | Address | Type of Action |
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| Effective da | ite, if other than the date of filing:   |                             |                |
| Note: If the | date inserted in this block does not meet the applicable statutory filing requirements, this date will n | iant to 605.<br>ot be liste | 0207<br>d as   |
| document's o | effective date on the Department of State's records.   |                             |                |
| ne record :  | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the                      | ne earlie                   | er o           |
|              | day after the record is filed.   |                             |                |
| Datad        |  |                             |                |
| Dateu        | <del></del>  |                             |                |
|              |  |                             |                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00