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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.

Account Number : I20120000069 Phone : (561)683-3000 Fax Number : (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXOTIC SOUNDS & WHEEL CO, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu — Corporate Filing Menu

Help 14230002933923

00/23/202	3 15.24 August 23, 2023 1523 To:EXOTIC SOUNDS		
	gistration Section vision of Corporations	1423000593	3923
SUBJECTE	EXOTIC SOUNDS & WHEEL CO. LLC		•:
	Name of Limited Liability Company		
	d Articles of Amendment and fee(s) are submitted for filing. 1 all correspondence concerning this matter to the following:		
	ARNALDO I COUCELO		
	Name of Person		
	COUCELO ASSOCIATES, IN		
	Firm/Company		

1818 S AUSTRALIAN AVE SUITE 230 Address WEST PALM BEACH, FL 33409 City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status □ 855.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ty Company as it now appears on our records.) (Limited Liability Company)	
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ned Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
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	<u></u>
	5
Enter Florida street address	<u> </u>
, Florida	
City	Zip Code
	, 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. Thereby confirm that the limited liability company has been notified in writing of this change

If Changing Registered Agent, Signature of New Registered Agent

08/23/2023 15:24 August 23, 2023 1523 To:EXOTIC SOUNDS WHEEL CO, ILC Fax:18506176383 P: 5/6

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

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Title	<u>Name</u>	<u>Address</u>	Type of Action
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Note: If the	e date is listed, the date must be to date inserted in this block s effective date on the Depa	k does not meet the applicable :	(optional) c of filing or more than 90 days after filing.) Pursuant to 60 tatutory filing requirements, this date will not be lis	5.0207 (, ted as th
he record spe ord is filed.	reifies a delayed effective d	late, but not an effective time, c	t 12:01 a.m. on the eather of: (b) The 90th day after	er the
Dated	GUST 23	2023		
17/11(4)			. S. J. J.	
	.*	1 Junis	18486	
	\	gnature of a member or attribitized	representative of a member	
	BRENDA PORTILLA			

Filing Fee: \$25.00

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