L18000161617

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TO:

TO: Registra Division	tion Sect of Corpo			~ "
GOO	ÖDWHEI	EL AUTO SALES LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all c	orrespond	lence concerning this matter	to the following:	
		HAROLD JEAN NICOLE	AU, REV	
			Name of Person	
		GOODWHEEL AUTO SA	LES LLC	
			Firm/Company	
		13010 SAN ANTONIO W	OODS LANE	
			Address	
		ORLANDO, FL 32824		
			City/State and Zip Code	
		hanicoleau@yahoo.com	to be used for future annual rep	nort rotification)
For further inform	nation cor	cerning this matter, please ca		on nonneadon)
HAROLD JEAN	NICOLE	AU, REV	407 312-9	
	Name of I	Person	Area Code	Daytime Telephone Number
Enclosed is a chec	ck for the	following amount:		
■ \$25,00 Filing	, Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
*	Address: ation Se	ection	<u>Street Add</u> Registrati	ress: on Section
Divisio	n of Co	rporations	Division	of Corporations
	ox 6327 Issee Fl			re of Tallahassee Aonroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GOODWHEEL AUTO SALES LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000161617	Company were filed on 07/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	City	Zip 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 17 Ph. 3: 23	Type of Action
AMBR	Nicoleau, Harold Jean, REV.	13010 SAN ANTONIO WOODS LANE	
		ORLANDO, FL 32824	□Remove
			≘ Change
AMBR	Nicoleau, Rhode-Eric	13010 SAN ANTONIO WOODS LANE	= Add
		ORLANDO, FL 32824	□Remove
			□Change
AMBR	Hyppolite, Marie	13010 SAN ANTONIO WOODS LANE	■Add
		ORLANDO, FL 32824	□Remove
			Change
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f an effective date is listed, Note: If the date inserte	r than the date of filing: the date must be specific and cannot be priored in this block does not meet the applicate on the Department of State's records.	able statutory filing requireme	_(optional) bys after filing.) Pursuant to 605.0201 nts, this date will not be listed as
record specifies a dela d is filed.	yed effective date, but not an effective ti	me, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Oated			

Filing Fee: \$25.00

Typed or printed name of signee