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COVER LETTER

Division of Corp	oorations		
4 WHEEL T	OYS LLC		
30B3EC1	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	ANGELA MIREYA MAC	HIN	
		Name of Person	
	4 WHEEL TOYS LLC		
		Firm/Company	
•	18797 NW 79 WAY		
		Address	
	HIALEAH, FL. 33015		
		City/State and Zip Code	
	mireya@adecorp.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dl:	
ANGELA MIREYA MA	CHIN	at (
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

TO:

Registration Section

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

WHEEL TOYS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	any were filed on 10/31/2018	and assigned
Florida document number L18000256419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	<u></u>
Enter new mailing address, if applicable:	N/A	<u>ත අ</u>
(Mailing address MAY BE A POST OFFICE BOX)		至 !
		<u> </u>
		1°
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our reco here:	ords, <u>enter the name of the n</u>
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street aa	dress
	City	, Florida

New Registered Agent's Signature, it 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>	<u>Address</u>	Type of Action
MGR	ANGELA MIREYA MACHIN	18797 NW 79 WAY Hialeah, Fl. 33015	∏ Add
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