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SECRETARY OF STATE
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Goldwires 21	+ How Track Traile And Tire Repair L
Name Name	e of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	smatter to the following:
Dex	te Goldwine Tr Name of Person
	Firm/Company
527 50	uth Shelfer St
_ Quinc	City/State and Zip Code
dexter.	goldwig @ gmil, Con dedress: (to be used for findere annual report notification)
For further information concerning this matter.	please call:
Dexter Soldwise Dr	at (850) 556-9844  Area Code Daytime Telephone Number
Encloyed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing E Certificate of	Fee & S55.00 Filing Fee & S60.00 Filing Fee,
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldwines 24 How Track Trailer and Tire Repair LLI
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	vere filed on <u>68-69-201</u> 9	and ass	igned
Florida document number 190019474	4		
This amendment is submitted to amend the following:	`		
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office:	address on our records, enter the	name of the no	ew registered
agent and/or the new registered office address here:		:	
Name of New Registered Agent:		를 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	<del>-Ti-</del>
New Registered Office Address:	Enter Florida street address	24 124	
	, Florid	laZip Cod	le .
	•	•	

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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

AGR = M	anager uthorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Shante Porter	Kevin St	□Add
		Kevin St Tallahasseco Fla	☐ Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Note: If the dat	if other than the date of filing: is listed, the date must be specific and cannot be inserted in this block does not meet the ctive date on the Department of State's re-	applicable statetory and	(optional) fore than 90 days after filing.) Pur g requirements, this date will	suant to 605.0207 not be listed as
ord is filed.	s a delayed effective date, but not an effe	ective time, at 12:01 a.m.	on the earlier of: (b) The 90	)th day after the
Dotail 1 3 4	<u> </u>			
Dated	Signature of a member	r or authorized representative	'e of a member	