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(Requestor's Name)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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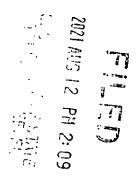
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COVER LETTER

TO:

TO: Registration Division of C			
	ATANT PODCAST LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	292
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		2021 AUG 12 PM 2: 09
		City/State and Zip Code	
	EFILE1234@INCFILE.CC	•	四 09
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON		888 462-3453	
Name	of Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BLATANT PODCAST LLC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/27/202}{\text{Florida document number}}$.	20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
THE WHEEL LLOYD TRANSPORT & RENTAL LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	(1)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 PH 2: 09
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, enter the name of the new register
Name of New Registered Agent:	

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.

City

, Florida _

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
			□ Add
			□Remove
			□Add
			□ Remove
	<u></u>	Change 22 □ Change	
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an effective date is listed, the date i	he date of filing:	filing or more than 90 days after fili	ng.) Pursuant to 605.020
	Department of State's records.	tory ming requirements, this do	ic viii not oo noted a
anned anneiffer a dalayed offer	tive date, but not an effective time, at 12:	-0.1 a m. on the applier of (h)	The OOth day after the
is filed.	tive date, out not an effective time, at 12.	or a.m. on the earner or. (b)	The 90th day after the
	2021		
, July 20	•		
ated	<u> </u>		
ated <u>July 20</u> <u>Frank. (</u>	Signature of a member or authorized repre	C	