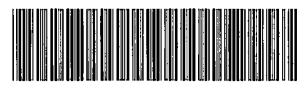
## L20000334205

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TEC 1 8 2020 S. YOUNG

SUBJECT: 5+4	le on Wheels	by Marl LLC ited Liability Company	
1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Marlere (	Name of Person	
		Firm/Company	
	33013 Wind	del Straw Dy. Address	
	<u>Wesley</u> Chap Stykonw	City/State and Zip Code  The cish most @ gmail to be used for future annual report not	· Com
For further information co	E-mail address: (oncerning this matter, please ca		ification)
Marlene Cruz Name of	Georgies Person	at (SOY) 45 Area Code Daytin	C -25E7 ne 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 S Division of Co	ection orporations	Street Address: Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

## TO ARTICLES OF ORGANIZATION OF

Style on Wh	repls by	Mar	LLC	). :::-;::	<u> </u>
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appo ility Company	ears on our records.)		σ
				· .	PH
The Articles of Organization for this Limited Liab		re filed on _	10/26/2	2020 a	••
Florida document number <u>L 20003342</u> 0	<u> </u>				96
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabilit	y company	<u>here</u> :		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the	e designation "LLC" or	r the abbrevia	ion "L.L.C
Enter new principal offices address, if applicab	le: _				
(Principal office address MUST BE A STREET.	ADDRESS)				
	_				
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				
	_				
B. If amending the registered agent and/or reg agent and/or the new registered office address		ress on our	records, <u>enter th</u>	e name of t	<u>he new 1</u>
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:					
new registered Office Address.		F.nter F	lorida street address	<del></del>	
			. Flori	da	
		City			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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of /
Manager	Marlene Cruz Garcia	33013 Windelstraw Dr	( <b>∄</b> ∕\dd
		Wesley chapel, F1 33545	□Remc
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Fffective	date, if other than the date of filing: (optional)
If an effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be live effective date on the Department of State's records.
e record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
rd is filed	
Dated	November 13 , 2020 .  Signature of a member or adthorized representative of a member
	Signature of a manhor as of horized consequentative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee