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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dadinos Emily Hame)
(Document Number)
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SECRETARY OF STATE

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COVER LETTER

	Registration Sc Division of Cor			
SUBJEC	T.	rough Time, LCC		
NUDJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Bruce A Lopes Jr.		
			Name of Person	
		Wheels Through Time, LL	c	
			Firm/Company	
		16970 San Carlos Blvd., #	160-224	
			Address	
		Fort Myers, FL 33908		
			City/State and Zip Code	
		blopes@carepatrol.com		
Para Gamela			to be used for future annual report noti	(fication)
ror turing	er information c	oncerning this matter, please c	aii:	
Bruce A	Lopes Jr.		239 839-5316 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	90 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)
<u>.</u>	Mailing Addres	<u>s:</u>	Street Address:	
I	Registration S	Section	Registration Se	
ī	Division of C	ornarations	Division of Con	marutianu

Division of Corporations P.O. Box 6327

TO

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Wheels Through Time, LCC

2022 MAR 11 PM 1:58'

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our geror mited Liability Company) TA	RETARY OF STATE
The Articles of Organization for this Limited Liability Com	npany were filed on 12/7/2020	and assigned
lorida document number L20000382546		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Wheels Through Time, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL-	C" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	INN
	, F	loridaZip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M	Irom our records: Ianager authorized Member		
Title	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00