1210000064128

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900371770389

08/18/21--01012--008 **25.00

201 N. 116 N. 8: 32

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>F7</u>	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	David	Name of Person	
		Firm/Company	
	1870 N	Cherry Fry	
	CYUNTY COMMAN E-mail address: (City/State and Zip Code City/State and Zip Code Code	20 Yal com
For further information cor	ocerning this matter, please c	all:	
DAVIO HE Name of F	ONQUE Z	at (357) — XV Area Code — Daytimo	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ wheels	
(Name of the Limited Liability (A Florida Li	Company as il now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number £21000000128	mpany were filed on 1-12.21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
-	1.0
	F. Committee of the com
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 2
	ස
	(D)
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>1100e</u>	Name	<u>Address</u>	Type of Action
MAR	David Henriquez	1870 N Cherry tor Cryptal River FL 34	
		Criptal River FL 344	1 GRemove
			□Change
			□ Add
			□ Remove
			□Change
··			Dygg Dyggg
			□ Ramove
			Chainge
			ώ N DAdd
			□Remove
			DChange
			_ CIAdd
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change

		_ 	·			
						
						
			 _	· - · _	 	
						
						
<u></u>		<u>. </u>				
					 	
					<u>.</u>	150
						
					 	
						77
					- ·	
						 ——— ట—
						2
						
				· · · · · · · · · · · · · · · · · · ·		
		-	·			
ffective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	the date must be s ed in this block o	specific and canno does not meet th	t be prior to date le applicable sta	of filing or more than	(option n 90 days after fil irements, this d	na \ D
record specifies a delay is filed.	ed effective dat	e, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after the
ned ALACILIT	10	TXII) - 2	021.			
						
	Sign	hure of a member	or authorized re	presentative of a mo	mber	

Filing Fee: \$25.00