

K21000295611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

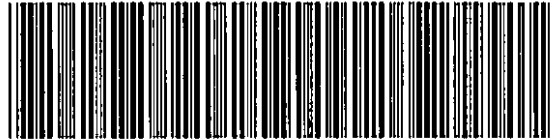
(Business Entity Name)

(Document Number)

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2021 NOV -8 AM 1:29
CLERK OF COURT
STATE OF OHIO

A. BUTLER

NOV 19 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHEELER PERFORMANCE TECHNOLOGY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELA GONZALEZ VILLEGAS

Name of Person

WHEELER PERFORMANCE TECHNOLOGY LLC

Firm/Company

10630 N. 56th Street, Suite #200

Address

Temple Terrace, 33617, FL

City/State and Zip Code

daniela.gonzalez@wheelersportstech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELA GONZALEZ VILLEGAS

321 3599389

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

WHEELER PERFORMANCE TECHNOLOGY LLC

2021 NOV -8 AM 1:29

(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 were filed on 06/25/2021 and assigned
Florida document number L21000295611

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10630 N. 56th Street, Suite #200

(Principal office address MUST BE A STREET ADDRESS)

Temple Terrace, 33617, FL

Enter new mailing address, if applicable:

10630 N. 56th Street, Suite #200

(Mailing address MAY BE A POST OFFICE BOX)

Temple Terrace, 33617, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GOMEZ BRAVO, YULI P	344 WILLOW RIDGE DR AMHERST, NY 14228	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOMEZ BRAVO, YULI P	344 WILLOW RIDGE DR AMHERST, NY 14228	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALEZ GARCIA, JULIO C	CALLE 7 N 4-79 SANTA ROSA DE CABAL	<input checked="" type="checkbox"/> Add
		COLOMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONZALEZ GARCIA, JULIO C	CALLE 7 N 4-79 SANTA ROSA DE CABAL	<input checked="" type="checkbox"/> Add
		COLOMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 28, 2021

DANIELA GONZALEZ VILLEGAS

Typed or printed name of signee

Filing Fee: \$25.00