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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|------------|------------------------------------|---|---|--|-----|
| erin iro | | rformance Technology LLC | • | | |
| SUBJEC | 1; | Name of Lim | ited Liability Company | | |
| The enclo | osed Articles of . | Amendment and fee(s) are sub | mitted for filing. | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | |
| | | Daniela Gonzalez Villegas | • | | |
| | | | Name of Person | | |
| | | Wheeler Performance Tec | hnology LLC | | |
| | | | Firm/Company | 202. | |
| | | 10017 N Myrtle St | | 2023 OCT SECRES | ; |
| | | | Address | - | |
| | | Tampa, FL 33617 | | MH 8: 21 | |
| | | | City/State and Zip Code | | • - |
| | | daniela.gonzalez@wheelers | | n o | |
| | | E-mail address: (| to be used for future annual report no | otification) | |
| For furthe | er information co | oncerning this matter, please c | all: | | |
| David Ge | onzalez Villegas | 3 | 716 908-3028 | | |
| | Name of | f Person | | ime Telephone Number | |
| Enclosed | is a check for th | ne following amount: | | | |
| ■ \$25.0 | 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 Addres | | Street Address: Registration S | Section | |
| | Registration S Division of C | | Division of C | | |
| | P.O. Box 632 | 7 | The Centre of | Tallahassee | |
| • | Tallahassee, I | FL 32314 | 2415 N. Moni | roe Street, Suite 810 | |

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wheeler Performance Technology LLC | nony as it now appears on our record | 1c) | - | _ |
|---|--|----------------------------|-------------------------|------------|
| (A Florida Limite | ipany as it now appears on our record ad Liability Company) | <u></u>) | | |
| The Articles of Organization for this Limited Liability Comparation document number 1.21000295611 | ny were filed on 06/25/2021 | | and | assigned |
| lorida document number | | | | |
| his amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | | |
| he new name must be distinguishable and contain the words "Limited Lic | ability Company," the designation "LLC | or the abbi | eviation | ı "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | | |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | SECRETI TALLA | 2023 OC | |
| | | <u>>=:</u> ::::: | 1 | 1 # 129 |
| 3. If amending the registered agent and/or registered offic | oo addrace on our records, enter | the name | ယ n ft he | new regi |
| gent and/or the new registered affice address here: | e address on our records, <u>emer</u> | The marine | i- | 444 (521 |
| | | $\mathbb{R}^{\frac{1}{2}}$ | S: 2 | |
| Name of New Registered Agent: | | <u> </u> | 0 | |
| New Registered Office Address: | | | | |
| | Enter Florida street addre | ss | | |
| | | | | |
| | FI | orida | Zip Co | |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|-------------------------|---|
| AMBR | Julio C Gonzalez Garcia | Calle 7 N 4-79 | |
| | | Santa Rosa De Cabal, DC | ■Remove |
| | | | Change |
| AMBR | David Gonzalez Villegas | 489 Ellicott St | ■Add |
| | | Buffalo, NY 14203 | □Remove |
| | | | □Change |
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| | | | ZPZ3 OCT — Change |
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the apparament's effective date on the Department of State's recomments. | e prior to date applicable st | | re than 90 days a | | | |
| | ive time, at | 12:01 a.m. or | n the earlier of | (b) The 90 |)th day aft | ter the |
| | | | | | | |
| ecord specifies a delayed effective date, but not an effective stilled. Ited September 27 202 | <u>13</u> . | | | | | |