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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FILED

2021 JUL 20 AM 7: 18

SECTION 20 AM 7: 18

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COVER LETTER

TO: Registration Section Division of Corporations	
SURJECT: Wheels	Name of Limited Liability Company
Substitute	Name of Limited Liability Company
The enclosed Articles of Amendment and f	fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	Latesha Williams Name of Person
	Firm/Company
<u> </u>	965 Welch hill circle
	Apopka, FL 32712 City/State and Zip Code
	mail address: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
Latesha W. Mans Name of Person	at (107) 300 - 6383 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	unt:
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate	ng Fee & S55,00 Filing Fee & S60,00 Filing Fee, e of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	For Deals LLC
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears оп our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 6-28-21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILE MASSEE.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
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 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>	Type of Action
AMBR_	Laterha Williams	965 Welch Lill circle	Exdd
		Apopka FL 32712	□Remove
			□Change
AMBR	Malcolm Edwards	965 Welch hill circle	□Add
		Aparka FC 32712	ZRemove
			□Change
			□Add
			Remove
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f an effective date is Note: If the date i	other than the date of filing: listed, the date must be specific and cannot be a served in this block does not meet the ve date on the Department of State's re-	e prior to date of filing applicable statutory	or more than 90 days after f	iling.) Pursuant to 605.020a
	delayed effective date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
d is filed.				
	7-16-21.	·		
	7-16-21.			
rd is filed. Dated	7-16-21. Later Signature of a member of	or authorized represent	ative of a member	

Filing Fee: \$25.00