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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK U	JP: <u>12/3 DANNY</u>
XX	CERTIFIED COPY PHOTOCOPY	
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XX	FILING	LLC AMEND
1.	S5WHEELS LLC (CORPORATE NAME AND DOCUMEN	NT #)
2.	(CORPORATE NAME AND DOCUMEN	NT #)
3.	(CORPORATE NAME AND DOCUMEN	NT #)
4.	(CORPORATE NAME AND DOCUMEN	NT #)
5.	(CORPORATE NAME AND DOCUMEN	NT #)
6.	(CORPORATE NAME AND DOCUMEN	VT #)
SPECIA INSTRU	L ICTIONS:	

COVER LETTER

Division of C	orporations		
SUBJECT: \$5	SWHEELS LIC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	DEMETRIUS	SULLEVAN	
		Name of Person	<u></u>
	SEUle	116	
		Firm/Company	
	_		
	630 KNASLE	TY AUE # 1901 Address	
		Address	
	DRANGE PAI	City/State and Zip Code	
	SULLIVAN W.	MOUTHRIDESOULTI	TONS. COM
			ication)
For further information	concerning this matter, please ca	ill:	
DENETRUS	FULLTUAN	m(917. \ 308-6	Pun
Name	of Person	at (912) 308 - 60 Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

S5WHEELS LIC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) v)
The Articles of Organization for this Limited Liability Company were filed on	7-30-21 and assigned
Florida document number 1210@345076	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>bere</u> :
SMOOTH RIDE SOLUTIONS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70
(Principal office address MUST BE A STREET ADDRESS)	
	43
Enter new mailing address, if applicable:	三 诗:
(Mailing address MAY BE A POST OFFICE BOX)	9.
	ယ်
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter F.	lorida street address
	, Florida
City	Zip Code

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
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<u>iote:</u> 1	e date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated _	DECEMBER 3, 2021
	Signature of a member or authorized representative of a member
	dignature of a member of authorized representative of a member
	DEMETRIS SALTUAN, AMBR Typed or printed name of signee

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Filing Fee: \$25.00