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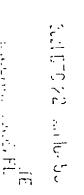
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A. BUTLER JAN 10 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

Andy's Wheel Repair LLC SUBJECT: 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: Andrew Bookalam Name of Person Andy's Wheel Repair LLC Firm/Company 6113 CR 500 Address Wildwood, FL 34785 City/State and Zip Code andyswheelrepair352@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrew Bookalam 473-7053 Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andy's Wheel Repair LLC			1 21 PTO 110 - 6 3
(Name of the Limited Li (A Fi	ability Company as it no lorida Limited Liability Co	w appears on our record mpany)	<u>s) (02/1970/02</u>) (6-50
The Articles of Organization for this Limited Liabili Florida document number L21000458209	ity Company were file	d on 10/21/2021	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compar	ey," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent:	tered office address o re:	n our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	_		
New Registered Office Address.	Enter Florida street address		
		, Flo	orida
-	City	,	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performe ed agent as provided j stered office address.	ince of my duties, an for in Chapter 605, i	d I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Thomas Taromina	8712 Irmastone Way, Orlando FL 32817	= Add
			Remove
			□ Change
			□Add
			□Remove
		-	□ Change
			□Add
			□Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable	ate of filing or more than 90 days at statutory filing requirements,	fler filing.) Pursuant to 605.020 this date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
November Oth	2021		
ated	 '		
ated November 9th And Images	~		