

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000232823 3)))



H220002328233ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ART WHEEL, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ? ARTICLES OF ORGANIZATION OF

| THE ART WHEEL, LLC | | | |
|---|--|---|----------------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited l | ny as it now appears on our rec Liability Company) | ords.) |
| The Articles of Organization for this Limited I Florida document number <u>L22000197441</u> | Liability Company | were filed on 04/26/2022 . | and assigned |
| This amendment is submitted to amend the fol | lowing: | • | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "I | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 1801 NE 123rd Street | |
| | | Suite 314 | |
| | North Miami, FL 33181 | | |
| Enter new mailing address, if applicable: | | 1801 NE 123rd Street | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Suite 314 | |
| | | North Miami, FL 33181 | 9 7 50 25 |
| B. If amending the registered agent and/or agent and/or the new registered office address. | registered office a | address on our records, <u>ent</u> | 8 -8 E |
| Name of New Registered Agent: | ELO ENTERPI | RISES, INC. | PH 4: |
| New Registered Office Address: | 4700 NW Boca | Raton Blvd #202 | 5.5 |
| | | Enter Florida street add | bess |
| | Boca Raton | | Florida 33431 |
| | • | 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> | Type of Action |
|--------------|----------------|----------------------|-----------------|
| MGR | FANTIN, BRENNO | 2960 NE 207th Street | □Add |
| | | Unit 701 | |
| | | Aventura, FL 33180 | ■ Change |
| · | | | □ Add |
| | | | □Remove |
| | | <u> </u> | ☐ Change |
| | | | □Add |
| | · | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Abd |
| • | | <u> </u> | □Remove |
| | | | ☐ Change |
| | | <u> </u> | □Add |
| | | | □P emove |

| N/A | | |
|--|--|------------------|
| | | · - - |
| | —————————————————————————————————————— | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | · | |
| | · | |
| | | |
| | | |
| ctive date, if other than | the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu | |
| effective date is listed, the date e: If the date inserted in thi | e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursualis block does not meet the applicable statutory filing requirements, this date will no | ant to 605.0 |
| iment's effective date on th | he Department of State's records. | oc nsie |
| | | |
| ord specifies a delayed effe filed. | ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th | day after |
| med. | | |
| July 7th | 2022 | |
| | | |
| | Brenn p Shitin (Jul 7, 2022 19:22 EDT) | |
| | A1 | |
| | Signature of a member or authorized representative of a member | |