Division of Corporations



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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 furture 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

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T. LEMIEUX JUL 2 1 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ART WHEEL, LLC			
(Name of the Lim	ited Liability Company as It now appea (A Florida Limited Liability Company)	rs on our records.)	 -
The Articles of Organization for this Limited	Liability Company were filed on _0	4/26/2022	and assigned
Florida document number L22000197441	•		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	 	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		08	285
B. If amending the registered agent and/or agent and/or the new registered office addresses		ecords, <u>enter the name</u>	of the new registere
agent and/or the new registered office additi	ess here:	÷	F. 7
Name of New Registered Agent:	BRENNO FANTIN		20 CED
New Registered Office Address:	2960 NE 207th Street		- F- C
	Enter Flor	ida street address	:
	Aventura	, Florida ³³¹⁸	(0) P
	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.

_ □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			
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			: (Change
			☐Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			Change
			DAdd
		·	□Remove
			[]Change
			□Λdd
			□Remove

N/A		
		
		
		·
ective date, if other than the date of filing:	(0	ptional)
effective date is listed, the date must be specific and o	annot be prior to date of filing or more than 90 days	after filing.) Pursuant to 605.020
te: If the date inserted in this block does not mo nument's effective date on the Department of Sta	et the applicable statutory filing requirements, te's records.	this date will not be listed a
•		
cord specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlier of	· (b) The 90th day after the
s filed.	The same of the same of the same of	. (-) And your way what the
od,	2022	
Signature of a mo	mber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee