172000409114

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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A. RIVERS JAN 2 5 2023

COVER LETTER

Registration Section Division of Corporations

ECT:	Name of Lim	ited Liability Company				
closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
return all correspo	ondence concerning this matter	to the following.				
	Benjamin Bermudez					
	Name of Person					
	6956 Holdings LLC					
	Firm/Company					
	2845 SW 69th Court					
	-	Address				
	Miami, FL 33155					
		City/State and Zip Code				
	ben@wheelsboutique.com					
	E-mail address: (to be used for future annual report no	trification)			
ther information e	concerning this matter, please co	all:				
nin Bermudez		786 251-8922				
Name o	f Person	at ()	me Telephone Number			
ed is a check for the	he following amount:					
5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(2) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6956 Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned document number 1,22000409114 lendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.E.C." ew principal offices address, if applicable: pal office address MUST BE A STREET <u>ADDRESS)</u> iew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) nending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u>stered nd/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address gistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

Hed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ry has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

inding Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added toved from our records:</u>

= Manager

R = Authorized Member

Name	Address	Type of Action
Luis Bermudez, Jr.	2845 SW 69th Court, Miami, FL 33155	≅Add
		IIIRemove
		. Change
		
		Remove
		Change
		Mdd
		CRemove
		_ Add
		::Remove
		.Change
		Add
		∏Remove
		LAdd
		I IRemove

			
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e date, if other than t	he date of filing:	:022	(optional)
tive date is listed, the date if the date inserted in this	nust be specific and cannot be j	plicable statutory fil	more than 90 days after filing.) Pursuant to 605,0207 ing requirements, this date will not be listed as
specifies a delayed effec d.	tive date, but not an effecti	ve time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after the
ctober 31st	2022		
)
		l	
			Se at'a membra
	Shanature of a member or	authorized representati	ve of a member

Filing Fee: \$25.00