## 123000016349

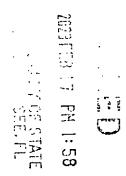
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R. HUNT 02//7/23

## **COVER LETTER**

TO: Registration Se Division of Cor						
	EWHEEL LLC					
SUBJECT:	Name of Limit	ed Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ndence concerning this matter t	o the following:				
	JAVIER GUZMAN					
		Name of Person		-	2.5	
	TIRES THE WHEEL LLC				<u>ري</u>	
		Firm/Company			FEB 17	4 <del>-</del>
	5252 NW 85TH AVE APT	1107		700		
		Address	<del></del>	1.11.72 1.11.72 1.11.14	PM -: 50	
	DORAL, FL 33166				: 22	
		City/State and Zip Code		_		
	USTUEMPRESA@GMAII	COM				
	E-mail address: (	to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please co	ıli:				
JAVIER GUZMAN		786 340-0372				
Name	of Person	Area Code Daytime	Telephone Numbe	er		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certitie	are of St	itus &	
Mailing Addre Registration Division of C P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	i <mark>ted Liability Con</mark> (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited I	_iability Compa	my were filed on $\frac{01/6}{6}$	06/2023	and assigned
Florida document number 1.23000016349				
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited li	ability company he	<u>re</u> :	
NA			_	
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA		(5)
(Principal office address MUST BE A STREET ADDRESS)				
				<u> </u>
			がべ (n c)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		NA	<u>មេស</u> ក្រុ	<u> </u>
		<u> </u>		 
3. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ss_here: NA	e address on our re	cords, <u>enter the name</u>	of the new regi
	NA			
New Registered Office Address:	-	Enter Florie	da street address	<del>-</del>
	NA			
	<del></del> -	City	Florida <sup>NA</sup>	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>	Address	Type of Action
MGR	JAVIER GUZMAN	5252 NW 85TH AVE APT 1107	□Add
		DORAL, FL 33166	<b>■</b> Remove
			□Change
AMBR	NESTOR CONTRERAS 5252 NW 85TH AVE A	5252 NW 85TH AVE APT 1107	<b>=</b> Add
		DORAL, FL 33166	□Remove
			□ Change
AMBR	JAMER CONTRERAS	5252 NW 85TH AVE APT 1107	<b>≣</b> Add
		DORAL, FL 33166	☐Remove
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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fective date, if other than the date is listed, the date must be	e specific and cannot be pri	or to date of filing or	more than 90 days a	fter filing.) Pa	arsuant t	o 605.020
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