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COVER LETTER

	ivision of Cor				
CHR ITA	FOURWIL	EELS CAR TECH LLC			
JUBILO	·	Name of Lin	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ren	ırn all correspo	ondence concerning this matter	to the following:		
		IRAZU MATHEUS			
			Name of Person	***************************************	-
			Firm/Company		V 5
		3630 NW 85TH WAY304			
			Address		
		SUNRISE, FL 33351			:
			City/State and Zip Code		: : : : : : : : : : : : : : : : : :
			∂HOTMAIL.COM		, E
			to be used for future annual report not	itication)	
For further	information c	oncerning this matter, please c	all:		
IRAZU M	ATHEUS		954 4390441		
	Name o	f Petson	at () Area Code Daytin	ie Telephone Number	<u> </u>
Enclosed i	s a check for th	ne following amount:			
(II \$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	T1 \$55.00 Filing Fee & Certified Copy (auditional copy is enclosed)	Certified	ite of Status &
	lailing Addres		<u>Street Address:</u> Registration Se	ection	
	ivision of C		Division of Cor		
	O. Box 632		The Centre of T		11.0
l	allahassee, I	さしつばさ1年	2415 N. Monro	e Street, Suite 8	· [()

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOURWHEELS CAR TECH LLC					
(<u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our_records.)		
he Articles of Organization for this Limited L		were filed on $\frac{02/02/2}{}$	023	and as:	signed
lorida document number 1.23000061360	· ·				
his amendment is submitted to amend the foll	owing:				
If amending name, enter the new name of	f the limited liab	oility company here:			
/A					
e new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the abbr	reviation "L	.L.C."
Enter new principal offices address, if applicable:		N/A			<u>, </u>
Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
					<u> </u>
				•	
nter new mailing address, if applicable:		N/A			
<u> Iailing address MAY BE A POST OFFICE</u>	BOX)			· .	
If amending the registered agent and/or agent and/or the new registered office addre	ss here:	address on our recor	ds, <u>enter the name</u>	of the ne	<u>v regist</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A			· · · · · · · · · · · · · · · · · · ·	
		Enter Florida street address			
		·	, Florida		
		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>	Address	Type of Action
MGR	GONZALEZ, DANIEL	3630 NW 85TH WAY APT 304	= Add
		SUNRISE, FL 33351	[I]Remove
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			∏Add
		<u></u>	□Remove
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etive date, if other than th	e date of filing:			(optional)			
effective date is listed, the date mu	ust be specific and cannot be pr	ior to date of filing o	or more than 90 da	es after filing.) Pursu	ant to 60	15.0.
e: If the date inserted in this b innent's effective date on the I	Department of State's recor	ds.	инд тефинетег	is, this date	22.112.11	or ochs	neu
ord specifies a delayed effecti	ve date, but not an effective	e time, at 12:01 a.	m. on the earlier	of: (b) Th	e 90th	day aft	er t
filed.							
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MARCH 07	2023						
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	Signature of a nymber at	thorized representa	five of a momber				
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