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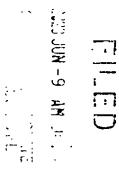
| (Reque | estor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates of | Status |
| Special Instructions to Filir | ng Officer: | |
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Office Use Only



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COVER LETTER

TO:

| TO: Registration Sc Division of Cor | | | | | |
|--|---|---|--|--|--|
| | WHEELER, LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | JEANNA N WHEELER | | | | |
| | | Name of Person | | | |
| | J NICHOL WHEELER, L | LC | | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | | | |
| | 13904 GALWAY SAND ROAD | | | | |
| | | Address | | | |
| | RIVERVIEW, FL 33579 | | | | |
| | | City/State and Zip Code | | | |
| | nicholwheelerl@gmail.con | | | | |
| | | to be used for future annual report not | dification) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| JEANNA N WHEELER | | 813 454-9751 at () | | | |
| Name o | f Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25,00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address: Registration Section | | Street Address: | | | |
| Division of C | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | 2.7 | The Centre of | Tallahassee | | |
| Tallahassee, I | FL 32314 | 2415 N. Monro | oe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J NICHOL WHEELER, ELC | | <u></u> |
|---|--|---------------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | npany as it now appears on our records.) led Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on FEBRUARY 8, 2023 | and assigned |
| Florida document number 1.23000071676 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| EANNA NICHOL WHEELER, LLC | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS |) | ÷ |
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| Suarra and the subdivious of small could be | | 1 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | - 7 U |
| | | · · · · - |
| | | i i F-i |
| 3. If amending the registered agent and/or registered offi- agent and/or the new registered office address here: | ce address on our records, <u>enter the</u> | name of the new regis |
| gent and/or the new registered office address here. | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | la |
| - 11 | 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 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 |
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| | | r than the date | | | | | optional) | |
| lote: lf | the date inserte | the date must be sp ed in this block do te on the Departn | oes not mee | a the applica | | | | |
| record s l is filed | | red effective date | , but not an | effective tin | ne, at 12:01 a.m | , on the earlier (| of: (b) The 90 | th day after the |
| ated | Jun | <u> </u> | · - | 2023 | _ · f ized representativ | | | |
| | · · · · · · · · · · · · · · · · · · · | | . / / ' | 1 / | | | | |
| _ | 1/10 | ∧µ○/ Signa | ture of a mer | hule nber or author | <u>/</u> fized representativ | e of a member | | |