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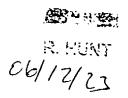
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06/12/23-01014--025 **25.00

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Wheels to Trax's	S Rentals, LLC. Of Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
	Randall Ingram Name of Person
<i>\</i> \	Theels to Traxs Firm/Company
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Aubor	Address Address Address City/State and Zip Code The Transaction of the Address Address
	City/State and Zip Code TOTOXS @ 4000. Com ress: (to be used for future innual report notification)
For further information concerning this matter, plea	
Randall Ingram Name of Person	at (<u>863</u>) <u>581. 2829</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of State	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wheels to Iraxs 1		LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300027479.2</u>	were filed onC	06/06/23	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	:		
Wheels to Traxs Equipment R The new name must be distinguishable and contain the words "Limited Liabil			LC ,	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			Ξ	
			<u> </u>	# W
Enter new mailing address, if applicable:			SS P	LAI
Mailing address MAY BE A POST OFFICE BOX)			E'ST	O
			O3 ATE	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	rds, <u>enter the na</u>	me of the new	registe
New Registered Office Address:	Enter Florida			
	r,mer r tortaa	street aaaress		
	City	Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			ing/ Oilin	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as perbeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am pter 605, F.S. Or	familiar with r, if this docun	and nent is
If Chan	ging Registered Agent	Signature of New D	egistered Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00