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COVER LETTER

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	istration Section sion of Corporations	
SUBJECT:	WHEELS ON WHEELS AUT	TO SHIPPING LLC
SCBJECT:	Name of	Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	tter to the following:
	_	Josef Mejias Name of Person
		Name of Person
	w	heels on Wheels Auto Shipping LLC
		Firm Company
		1357 Asher Mason Ave
		Address
		Kissimmee, FL 34744 City State and Zip Code
	W	owautoshipping@gmail.com
	E-mail addre	ess: (to be used for future annual report notification)
For further in	formation concerning this matter, plea	se call:
	Josef Mejias	at (615 , 5462114
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
■ \$25.00 F	iling Fee S30.00 Filing Fee & Certificate of Status	
Reg Div P.O	ling Address: histration Section ision of Corporations . Box 6327 lahassee, 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

WHEELS ON WHEELS AUTO SHIPPING LLC (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ 4/4/2024 and assigned Florida document number L24000161003 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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
AMBR	Kenny J Mejias Moreno		□Add
		1357 Asher Mason Ave. Kissimmee, FL 3474	14 ≅Remove
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			□Add
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