L24000191929

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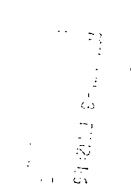
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6/19/24



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wired up Trailer Repair LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tristan Morrison Name of Person
Wired Up Trailer Repair LLC Firm/Company
<u> </u>
7289 N. Outlook way
$\bigcap_{i} C_{i} = \bigcap_{i} C_{i}$
City/State and Zip Code
Wireduptrailer repair a quail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tristan Morrison at 352, 212-6913
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wired Up Trailer Repu (Name of the Limited Liability (A Florida	,- LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	irs on our records.)	
ne Articles of Organization for this Limited Liability Co orida document number <u>L 24000191929</u>	ompany were filed on 	4/24/2024	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limit	ted liability company h	ere:	
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or the ab	obreviation "L.L.C."
	and another company, the		
ter new principal offices address, if applicable:			
<u>rincipal office address MUST BE A STREET ADDR</u>	<u>ESS)</u>		
		<u></u>	
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)			
			_
		-	
If amending the registered agent and/or registered	l office address on our	records, enter the nan	ie of the new regist
ent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
now regimered office (Addiess).	Enter Flo	orida street address	
		Florida	
	City	Florida	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
AMBR	Tristan Worrison	7289NOutlook Way. Citrus Strings Fl. 34433	• BAdd
			□Remove
			□Change
MGR	Kori Morrison	7289 N. Outlook Way Citrus Strings,	<i>FL</i> ,□Add
			□Remove
		@ Change	
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ffective date,	if other than the da	ate of filing:			(option	ai)	
an effective date	is listed, the date must be to inserted in this block	e specific and canno	t be prior to date of t	filing or more than 9	0 days after fil	ling.) Pursua	nt to 605.020
ocument's effe	ective date on the Depa	artment of State's	records.	ory ming require	ments, this d	ate wiii no	i be fisted as
	es a delayed effective d	iate, but not an eff	fective time, at 12:	:01 a.m. on the ea	rlier of: (b)	The 90th	day after the
is filed.							
	OB asset	/)					
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ated <u>Ma</u> ——	Sig	gnature of a membe	er or authorized repre		ber		