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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

SPINNING WHEEL, 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:

Gus Fernandez Name of Person Gustavo A, Fernandez, PA Firm/Company 3650 NW 82 Avenue, Suite 505 Address Doral, FL 33166 City/State and Zip Code samanthamederos@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gus Fernandez 305 567-2499 at (_____ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPINNING WHEEL, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company were filed on 05/01/2024 | _ and assigned |
|--|----------------|
| Florida document number L24000204638 | |

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 "LLC."

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

| Name of New Registered Agent: | | |
|--------------------------------|------------------------|------------|
| New Registered Office Address: | Enter Florida street a | uddress |
| | City | _, Florida |

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, <u>Signature of New Registered Agent</u>

5

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|-------------------|-----------------------|
| AMBR | RYAN J MEDEROS | 5157 NW 105 COURT | 🗆 Add |
| | | DORAL, FL 33178 | Remove |
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| ive date, if other than the | dute of filing | MBER 1, 2024 | (onti | onal) |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated SEPTEMBER 1 2024 | | 1651 deu | بریستین |
|--|---|----------|---------|
| Signature of a member or authorized representative of a member | | 0 | • |
| Gustavo A. Fernandez, Esq. | | | |
| Typed or printed name of signee | | :? | |
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