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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
	ON WHEELS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
rease return un correspo	machee concerning this maker	water with the second	
	Angelica Villalobos		
	<del></del>	Name of Person	
	Wonder on Wheels LLC		
	<del></del>	Firm/Company	
	4582 Cypress Cay Way		
		Address	· · · · · · · · · · · · · · · · · · ·
	Kissimmee, FL. 34746		
	·····	City/State and Zip Code	
	wondronwheels@gmail.co		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Angelica Villalobos		954 6481893	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Unclosed is a check for th	ne 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 radditional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	
Division of Corporations P.O. Box 6327		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

WONDER ON WHEELS LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>r)</u>
he Articles of Organization for this Limited Liability Compa	any were filed on July 01, 2024	and assigned
forida document number		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		<u> </u>
		·
		•
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
numg uddress MAT BE A TOST OFFICE BOX	<del></del>	— : O
	<del> </del>	<u> </u>
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	ce address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	
	emer r tortaa sireet aaares.	X.
		orida Zin Code
	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
AMBR	GEHEZ ENCINAS	4582 CYPRESS CAY WAY, KISSIMMEE, FL. 34746	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		<del></del>	:∐Add
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. August 16 2024 Signature of a member or authorized representative of a member Angelica Villalobos Typed or printed name of signee