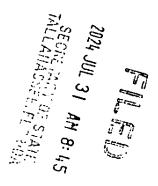
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Brian Debrick

(402) 304-8383

500 SW 145th Ave
Apt 207
Pembroke pines, FL. 33027

Original date offiling 7/9/2024

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	7.5	LINERUSA LLC		
SUBJEC	, I:		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		BRIAN DEBRICK		
		<del></del>	Name of Person	
		THEWAYLINERUSA LI	.C	
			Firm/Company	·
		500 SW 145TH AVE		
			Address	· · · · · · · · · · · · · · · · · · ·
		APT 207		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		PEMBROKE PINES		
		E-mail address: (	to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
BRIAN	DEBRICK		402 304-8383 at ( )	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
•	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L24000305413  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, 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  Florida	THEWAYLINERUSA LLC				
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Comp.	any as it now appears on our records Liability Company)	<u>.</u> )		
Florida document number L24000305413  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, 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  Florida	(A Conda Diffice	)			
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			2214	တ	
New Registered Office Address:  Enter Florida street address , Florida		address on our records, enter t	he name of	the ne	w regi
New Registered Office Address:  Enter Florida street address , Florida					
Enter Florida street address , Florida	Name of New Registered Agent:				
Enter Florida street address , Florida	New Registered Office Address:				
		Enter Florida street address			
		FTI .			
		City, F10		in 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
<u>AMBR</u>	Brian Debrick	500 SW 145 <sup>th</sup> AVE APT 2017 Pembroke Pines, FL 330	XAdd
		Pembroke Pines, + L 350	∠/□Remove
			Change
			□Add
			Change
			🗆 Add
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			Change

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
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(If an effe <u>Note:</u> 1	ve date, if other than the date of filing:
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
Dated _	07/26/2024.
	Signature of a member of authorized representative of a member
	Brian Typed or printed name of signee