

State of Rhode Island Department of State - Business Services Division

Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-52</u> the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

Rhode Island, and for that purpose	Submits the following statement:	
1. Entity ID Number:	2. The name of the limited liability com	npany is:
001721630	Donlen LLC	
3. If the entity's name is changing,	Wheels Topco LLC	
state the new name:		
		Check the box to indicate no change
3a. The entity's name, if different,		
under which it proposed to registe	r and	
transact business in Rhode Island	is:	
4. If the period of duration has cha	nged in the home state, complete the fo	ollowing section: CHECK ONE BOX ONLY
Perpetual (on-going)		
Date certain for dissolution		
		Check the box to indicate no change X
	fice to be maintained in the state or cou	ntry of its organization has changed, complete
the following section:		
		Oh a statha hay to indicate no change X
		Check the box to indicate no change X
6. If the mailing address is changi	ng complete the following section:	
		Objects the how to indicate no change X
		Check the box to indicate no change X
7. If the entity's purpose is changi	ng complete the following section: *The	new purpose should include ALL activity to be
transacted in the State of Rhode Islar	ia.	
Check the box to indicate an attac		Check the box to indicate no change X
I Object the best to ledicate an attack	rnmenti I	Check the box to indicate no change [22]

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 0 8 2025 BY XA1RK 122 KJ Docusign Envelope ID: C0DAC0DC-AEA5-44FB-8032-3CFF08BEDE8D

8. If the management structure has	s changed, complete the following section:		
	be managed by: CHECK ONLY ONE BOX		
	ecked this box, skip to Section 9. DO NOT fill out the chart	on the next page.)	
One (1) or more manager(s) (to the Application for Registra	(If the limited liability company has manager(s) at the time of attom, state the name and address of each manager.)	of the filing of this Amendment	
MANAGER	ADDRESS		
		<u> </u>	
	Check the	box to indicate no change X	
9. As required by RIGL 7-16-67, th	ne limited liability company has paid all fees and taxes.		
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.			
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare	e and affirm that I have examined this Amendment to the Ap chments, and that all statements contained herein are true a	pplication for Registration, and correct.	
Type or Print Name of Limited Liability		Date	
Wheels Topco LLC		03/24/2025	
Signature of Authorized Person	— DacuSigned by:		
MATT PATTERSON, CHIEF LEG/ SECRETARY	AL OFFICER AND Matt Patterson		
SECRETARY	11402353537458		