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COVER LETTER

Division of Corporations LA CEIBA TIRE SHOP MIAMI LLC SUBJECT: _ 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: ELBA MORA DE MORALES Name of Person LA CEIBA TIRE SHOP MIAMI LLC Firm/Company 2345 NW 36TH STREET Address MIAMI, FL 33142 City/State and Zip Code letsflorida@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELBA MORA DE MORALES 786 7312582 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CEIBA TIRE SHOP MIAMI ELC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records red Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on 01/30/2018	and assigned
Florida document number L18000026244		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	5
		يس ا
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.E.C."
Catana and a simula of Cana address of applicables		ं
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)		
,		
3. If amending the registered agent and/or registered	office address on our records	enter the name of the
egistered agent and/or the new registered office address h		enter the name of the
Name of Name Davis and Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
-	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGRM	ELBA MORA DE MORALES	2345 NW 36TH STREET	
			□ Add
		MIAMI, FL 33142	■ Remove
			☐ Change
MGR	FIVE A & B GROUP LLC	8181 NW 36TH STREET,SUITE 10.OFFICE 1005	
		DORAL, FL 33172	
			Remove
			☐ Change
MGR	LA CEIBA TIRE SHOP FLORIDA CORP	2345 NW 36TH STREET	
		MIAMI, FL 33142	Remove
			*
			D:Change
MGR	MORALES FLORES, RAUL GERARDO	2345 NW 36TH STREET	T ⊼ād
		MIAMI, FL 33142	
			`□ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			□ Change

		
		19
	<u></u>	
ctive date, if other than the	date of filing:	(optional)
effective date is listed, the date mu-	st be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605.0
ment's effective date on the D		utory filing requirements, this date will not be listed
ecord specifies a delayed se 90th day after the rec		fective time, at 12:01 a.m. on the earlier
d October 19	2018	
	Erform	
	ال صر	resentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00