

L18 000 171 807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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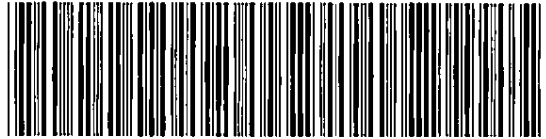
(Business Entity Name)

(Document Number)

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FILED
24 MAY 15 PM 1:16
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hialeah Truck Tires 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:

Cecilia S. Miranda, Esq.

Name of Person

Brito, PLLC

Firm/Company

2121 Ponce de Leon Blvd, Suite 650

Address

Coral Gables, FL

City/State and Zip Code

cmiranda@britopllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia S. Miranda, Esq.

305 614-4071
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hialeah Truck Tires LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 17, 2018 and assigned Florida document number L18000171807.

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 "L.L.C."

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)

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STATE OF FLORIDA

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: Cecilia S. Miranda, Esq.

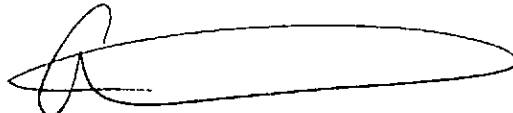
New Registered Office Address: 2121 Ponce de Leon Blvd., Suite 650

Enter Florida street address

Coral Gables, FL, Florida 33134
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>	<u>Type of Action</u>
MGR	GONZALEZ, GUSTAVO NICOLAS	10900 NW 138 STREET	<input type="checkbox"/> Add
		SUITE 13	<input checked="" type="checkbox"/> Remove
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Change
AMBR	GONZALEZ, GUSTAVO NICOLAS	10900 NW 138 STREET	<input type="checkbox"/> Add
		SUITE 13	<input checked="" type="checkbox"/> Remove
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Change
CEO	GONZALEZ, GUSTAVO NICOLAS	10900 NW 138 STREET	<input type="checkbox"/> Add
		SUITE 13	<input checked="" type="checkbox"/> Remove
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Change
AMBR	LORENZO, ENRIQUE	10900 NW 138 STREET	<input checked="" type="checkbox"/> Add
		SUITE 13	<input type="checkbox"/> Remove
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: January 19, 2024 (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.

Dated March 22, 2024

Signature of a member or authorized representative of a member

Enrique Lorenzo, Member/Manager

Typed or printed name of signee

Filing Fee: \$25.00