

Division of Corporations

Florida Department of State
Division of Corporations
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L2000371426

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TO: DIVISION OF CORPORATIONS
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To: Division of Corporations
 Fax Number : (850)617-6363

Account Name : LEGALZOOM.COM INC.
 Account Number : I20010000062
 Phone : (323)962-8600
 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TIRE SHOP AND SERVICES LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIRE SHOP AND SERVICES 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 11/24/2020 and assigned Florida document number L20000371426.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Milerman General Contractor LLC

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:

8577 Via Serena

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33433

Enter new mailing address, if applicable:

8577 Via Serena

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33433

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

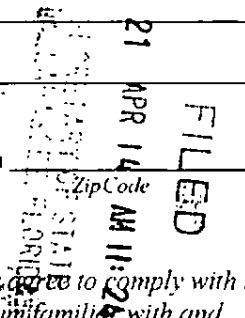
City

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> |
|--------------|---------------|----------------------|--|
| AMBR | Anton Zaitsev | 8577 Via Serena | <input checked="" type="checkbox"/> Add |
| | | Boca Raton, FL 33433 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Ilan Mileman | 8577 Via Serena | <input type="checkbox"/> Add |
| | | Boca Raton, FL 33433 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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