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SECRETARY OF STATE

## COVER LETTER

TO: Registration Division of	n Section Corporations			
	Euro Tires Import LLC			
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Article	s of Amendment and fee(s) are subr	nitted for filing.		
	espondence concerning this matter t			
	Ulrike Brown			
		Name of Person		
	A&G Euro Tires Import LI	.C		
		Firm/Company		
	1830 S Ocean Drive Apt 16	504		
	<u>, , , , , , , , , , , , , , , , , , , </u>	Address		
	Hallandale Beach, Florida	, 33009		
		City/State and Zip Coo	de	<del></del>
	ulrike.brown@hotmail.com	to be used for future annu	ual report potitication)	
For further informat	ion concerning this matter, please ca		an report to the control of	
Ulrike Brown		305 at ()	7679005	
Na	une of Person	Area Code	Daytime Telephone N	2025 SEC SEC
	for the following amount:  ee	S55.00 Filing For Certified Copy (additional copy is	Ce cenclosed) Ce	0.00 Filing Fed printing Copy is enclosed)
Division P.O. Box	ion Section of Corporations	Regi Divis The	t Address: stration Section sion of Corporations Centre of Tallahasses N. Monroe Street, S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&G Euro Tires Import LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our and Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number 1.23000391107	y Company were filed on 03/27/2024	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
United Automotive Marketing 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:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2003 FLB 17 PH
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, re:	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida streed	address
		, Florida
<del>-</del>	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>	Address	Type of Action
MGR	Artheer Gappi	1850 S Ocean Drive Apt 2903, Hallandale, Fl 33009	EAdd
			Remove
			□Add
			□Remove
			□Change
			□Add
		,	□Remove
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), if amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	01/01/2025 (optional)
(if an eff	ve date, if other than the date of filing: (optional)  ective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the recor	d 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 led.
Dated	02/17 <u>2025</u> .
	Signature of a member or authorized representative of a member
	ULRIKE BROWN
	Typed or printed name of signee

Filing Fee: \$25.00