La5000 angal

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE SEP 18 2U25

Office Use Only



600457644086

PINISIANE AND STATE OF STATE O

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

HUB TIRE SHOP LLC	— ₁
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Step/	Art of Inc. File
	LTD Partnership File
,	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

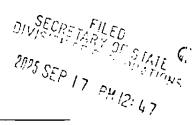
TO:	Registration Se Division of Cor			
SUBJE	CT:	Hub Tire	2 Shoo LC	
	,	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			Miguel Ocorio	
			Name of Person	
			Hub The Shap LLC	Firm/Company NE 16th Ave 5te C27 Address NE 17 33170 State and Zip Code State and Zip Code State and Zip Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Status & Certificate of Status &
			Firm/Company	
		206	355 NE 16th Ave Ste Co	27
			Address	
			Miami, FL, 33179	
		E-mail address: (bwtvsa@ amoil.com	ofication)
For furt	her information co	oncerning this matter, please co	alf:	
	Mayel C	8000	at (<u>186</u>) 449-22	u8
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	e following amount:		
₹ S25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address		Street Address:	
	Registration S	ection	Registration Se	
	Division of Co P.O. Box 632		Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hub Tire Shop UC	15.7
(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 @/\3/2025 and assigned	ı
Florida document number	
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 "LLC"	_
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)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here:	<u>stered</u>
Name of New Registered Agent: Marzano, Tourer Schoelan	
New Registered Office Address: 444 NE 2064	
Mom Florida 33179 Cih 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.

Towier Gelassian Marare
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>	Name	Address	Type of Action
MGR	Osonio, Mighel	20855 NE 16th Ave 5te C27	
		Mam?, FZ, 33179	ERemove
			□ Change
MGR.	Marzana Tower Sebastian	20855 NE 1644 Ave 540 C27	🗹 Add
	Miami, FZ 88179	[] Remove	
		□Remove	
		Change	
		(Add	
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change

_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
Note:	c date, if other than the date of filing:
ic record ord is file	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 d.
Dated _	Soptember 17 2025
	Minarl Marin
	Signature of a member of authorized representative of a member