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• •	(Requestor's Name)
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COVER LETTER

	Registration Sec Division of Corp		· ~	•	
aun ir c		A AND M TIRES LLC	·	•	
SUBJEC	.1;	Name of Limi	ited Liability Company		
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		В	AHAR R HUSSAIN		
			Name of Person		
		RC	ROGER A. FOOTE INC		
		Firm/Company 2741 NAKINA CT			
			Address		
		•	ORLANDO, FL 32837		
	City/State and Zip Code				
			HARFOOTE@GMAIL.COM	Wester that the	
For furth	ar information co	e-mail address: () oncerning this matter, please ca	to be used for future annual report not	meation)	
		oncerning this matter, pieuse ea			
BAHAR	R HUSSAIN		407 446-1848 at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	I is a check for th	ne following amount:			
≘ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:		
	Registration S Division of C		Registration Se Division of Co		
	P.O. Box 632		The Centre of	-	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

33

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
This amendment is submitted to amend the following:		ت.
A. If amending name, enter the new name of the limi	ted liability company here:	
NONE		. <u></u>
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records.	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	a address
	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 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
AMBR	ASO HUSSAIN	2741 NAKINA CT ORLANDO FL 32837	□Add
			■ Remove
			□Change
AMBR	BAHAR R HUSSAIN	2741 NAKINA CT ORLANDO FL 32837	= Add
			Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

	NONE
Trans	tive date, if other than the date of filing:
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco	ord 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 filed.
Date	JULY 10TH 2020
	// 0/// / /
	Suparity of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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