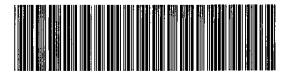
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SELVANASSEE FLORIDA

B. BOSTICK

IJUL **2 5** 2011

EXAMINER

## COVER LETTER

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TO:	Registration So Division of Cor	rporations ;		. See	160	¥.,		
SUBJE	ECT:		RVICE AND TIRES	3 LLC				
		Name of Lim	teu claomiy Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
			DAVID MARTE					
			Name of Person					
	1		Firm/Company					
1501 PINE AVE								
		,	Address					
			ORLANDO, FL 32824 City/State and Zip Code	<del></del>	· · · · · ·	SEC	<u></u>	
		E-mail address: (	earteauto@gmail.com to be used for future annual repor	t notification)		AHAS	JUL 22	e : y-y
For fur	ther information of	concerning this matter, please of	all:			262. 1965.	2 P	
	Indh	ira Hernandez	at ( 407 )	852-1		073 71S	PH 7:	4
-	Name o	of Person	Area Code & D	Daytime Teleph	hone Number	ALDA	2	
Enclose	ed is a check for t	he following amount:						
<b>√</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed)	\$60.00 Filin Certificate Certified ( (additiona	of Statu Copy		ed)

#### MAILING ADDRESS:

177

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

·	SERVICE AND TIRES LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Conference — L100005533— L100000 2					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:				
The new name must be distinguishable and end with the word 'L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation				
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)					
Muning university I DEAT OST OFFICE BOX	CRIE -				
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the new</u> ress here:				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
<del></del>	, Florida City Zip Code				
New Registered Agent's Signature, if changing Registered	d 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
mgrm	Suyli Polanco Quesada	1501 Pine Ave Orlando, Fl 32824	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary	<i>ı.)</i>
<u>J</u> l	honny Marte will operate as head m		FILED 11 JUL 22 PH 7:51 PALLAHASSE IN SIATE
Dated	7/18/2011 × Dovid Sou		
	Signature of a member	or authorized representative of a member  David Marte	
	Typed	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00