

L10000123234

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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DEC 21 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JJ TIRES OF PALM BEACH, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE ANTONIO ALVAREZ

Name of Person

JJ TIRES OF PALM BEACH, LLC

Firm/Company

821 NORTH MILITARY TRAIL SUITE S

Address

WEST PALM BEACH FL 33415

City/State and Zip Code

elmaosis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE ANTONIO ALVAREZ

Name of Person

at (561) 671 9786

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JJ TIRES OF PALM BEACH, 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 11/30/2010 and assigned
Florida document number L10000123234.

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 end with 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 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSE ANTONIO ALVAREZ

New Registered Office Address:

1348 WESTCHESTER DR W

Enter Florida street address

WEST PALM BEACH

Florida 33417

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 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 or Managing Member being added or removed from our records:

MGR = Manager

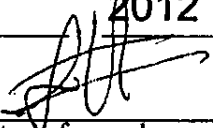
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE ANTONIO ALVAREZ	1348 WESTCHESTER DR W	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33417	<input type="checkbox"/> Remove
MGR	DULCE M. PIEDRA	1348 WESTCHESTER DR W	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33417	<input type="checkbox"/> Remove
MGR	JESUS M. ALVAREZ	7260 GRAPEVIEW BLVD	<input type="checkbox"/> Add
		LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/17 2012



Signature of a member or authorized representative of a member

JOSE ANTONIO ALVAREZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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