21100000 6007

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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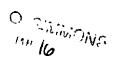
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COVER LETTER

	Registration Sec Division of Corp			. 7/ 2/ m²
76		TIRES, LLC		
SUBJEC	l:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submodence concerning this matter	<u>-</u>	
		NORBERTO M. BERLUS	SCONI	
			Name of Person	
		JUST FOUR TIRES, LLC		
Firm/Company				
	4371 N DIXIE HIGHWAY			
			Address	
		DEERFIELD BEACH, FL	. 33064	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
NORBE	RTO M, BERLU	ISCONI	954 839-5410	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25. 0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1.11000006007	on 01/14/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	-ty
Enter new mailing address, if applicable:	ట
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ess on our records, enter the name of the
Name of New Registered Agent.	
New Registered Office Address:	nter Florida street address
New Registered Office Address:	nter Florida street address Florida Zip Code

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>	<u>Address</u>	Type of Action
MGR	DIEGO H. BERLUSCONI	9370 SW 8TH ST APT # 102	■ Add
		BOCA RATON, FL 33428	= /\dg
			Remove
			Change
			Remove
			☐ Change
			:
			Remove
			⊖ □ Change
			Add
			Remove
			Change
		□ Remove	
		·	Change
			Remove
			□ Change

	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Department of State's records.	nory triing requirements, this date will not be insted a
ecord specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
12/04/2019	
ed 12/04/2019	
for human	
Signature of a member or authorized repr	resentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00