# L11000050662

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DIVISION OF CORPORATION

N. Culligan JUN \_ 7 2011

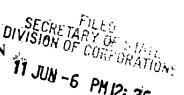
### **COVER LETTER**

SUBJECT:	TIRE E	EXPERTS LLC		
SUBJECT:		ited Liability Company	<del></del>	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		SILVANO BUTTACI		
	_	Name of Person	<del>.</del>	
	TIRE EXPERTS LLC			
		Firm/Company		
	8603	South Dixie Hwy Suite 4	.09	
		Address		
	MIAMI, FL 33143			
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report	notification)	
For further information	concerning this matter, please of	cali:		
SILV	/ANO BUTTACI	at ( 305 )	421-9934	
Name	of Person		ytime Telephone Number	
Enclosed is a check for	the following amount:			
4 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAII	LING ADDRESS:	STREET/CO	URIER ADDRESS:	

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

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

#### ARTICLES OF AMENDMENT TO I ARTICLES OF ORGANIZATION OF



#### TIRE EXPERTS 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 Compa Florida document numberL11000050662	nny were filed on	04/29/2011	and assigned
This amendment is submitted to amend the following:			·
A. If amending name, enter the new name of the limited li	iability company he	ere:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	8603 SOUT	TH DIXIE HWY	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 409		
	MIAMI, FL 3	33143	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SAME AS A	BOVE /	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street uddi	ress
		, Florida	
	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

## or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CARLOS E. BUTTACI	8725 NW 18 TERRACE SUITE 107 MIAMI, FL 33172	Add 4 Remove
<u>MGRM</u>	CARLOS A. BUTTACI	8603 SOUTH DIXIE HWY SUITE 409 MIAMI, FL 33143	4 Add Remove
<u>.</u>	·		Add . Remove -
<del></del> .			Add Remove
The state of the s			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessing	DIVISION OF
			6 PH 12: 3
Dated	05/31/2011	Buttae	<b>6</b> 0%
	SI	f or authorized representative of a member  EVANO BUTTACI  For printed name of signee	

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Filing Fee: \$25.00