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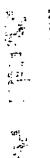
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

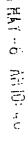
Office Use Only



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COVER LETTER

II correspondenc		ted Liability Company nitted for filing.		
Articles of Amen Il correspondenc	Name of Limi diment and fee(s) are subi			
II correspondenc		mitted for filing.		• -
	e concerning this matter t			•
		to the following:		; `
Q ¹	JINTERO , YENNIE			·
TI	RE EXPERTS LLC	Name of Person	· · · · · · · · · · · · · · · · · · ·	
69	33 NW 52 STREET	Firm/Company		
D	ORAL	Address		
- FL	ORIDA 33166	City/State and Zip Code		
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/ASQUEZ		305 421-9934		
Name of Perso	n	Area Code Daytime	Telephone Number	_
heck for the foll	owing amount:			
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	ormation concern ASQUEZ Name of Person	Name of Person heck for the following amount: ng Fee	TIRE EXPERTS LLC Firm/Company 6933 NW 52 STREET Address DORAL City/State and Zip Code FLORIDA 33166 E-mail address: (to be used for future annual report notification concerning this matter, please call: ASQUEZ Name of Person Area Code Daytime heck for the following amount: Ing Fee S30.00 Filing Fee & Certified Copy	Firm/Company 6933 NW 52 STREET Address DORAL City/State and Zip Code FLORIDA 33166 E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: ASQUEZ Name of Person Area Code Daytime Telephone Number heck for the following amount: ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certificate Of Status Certificate Of Certificate Of Status Certificate Of Certificate Of Status Eight S60.00 Filing See & S60.00 Certificate Of Status Certificate Of Status Certificate Of Certificate Of Status Certificate Of Status Address Doracle Signature Status Certificate Of Status

Registration Section Division of Corporations P.O. Box 6327

MAILING ADDRESS:

TO:

Registration Section

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**

T		
ARTICLES OF O		
О	F	The state of the s
TIRE EXPERTS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou	r records.)
The Articles of Organization for this Limited Liability Company	were filed on (14/29/201	and assigned
Florida document number L11000050662		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6933 NW 52 STREET	
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33166	
Enter new mailing address, if applicable:	6933 NW 52 STREET	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33166	
B. If amending the registered agent and/or registered o	ffice address on our	records, enter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida
	City	гір Соас
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agreements of all statutes relative to the proper and complete	ree to act in this capac renerformance of my d	ity. I further agree to comply with the uties, and I am familiar with and
accept the obligations of my position as registered agent as	provided for in Chapt	er 605, F.S. Or, if this document is 🥏
being filed to merely reflect a change in the registered office	address, I hereby cor	ifirm that the limited liability
provisions of all statutes relative to the proper and complete	e performance of my deprovided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document

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 Type of Action Address Title Name | □ Add ☐ Remove _____ Change _____ □ Remove _____ Change ☐ Remove □ Add ☐ Change

Flective date, if other than the date of filing:		<u> </u>					-
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Signature of a member or authorized representative of a member.							_
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Filing Fee: \$25.00