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If you have any questions please call 239-728-4006

Mailing Address

1620 Ortiz Ave.

Fort Myers FL 33905

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Octiz Tires & Repairs 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:
Juan Carlos Lopez
Ortiz Tires + Repairs, uc 5
1620 Ortiz Avenue
Fort Myers FL 33905 City/State and Zip Code
SOQAB (COMCAST. WET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juan Carlos Lopez at (786) 985-8084 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status 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

Ortiz	= Tires	+ Kepai	ire il	LC	
(Name of the Limite	ed Liability Compan (A Florida Limited Li	y as it now appears on or ability Company)	ır records.)		
The Articles of Organization for this Limited Li Florida document number	031285	vere filed on _ O 🗟 [124/201	and assi	gned
A. If amending name, enter the new name of	the limited liabil	ity company here:		E	, asses #4
The new name must be distinguishable and end with the vertical new principal offices address, if applicate the control of the	able:	ity Company," the designa	ation "LLC" or the	abbreviation 1.	L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)				
	<u></u>				
B. If amending the registered agent and/or the new registered of			records, enter	the name o	of the nev
Name of New Registered Agent:	Juan	Carlos	s Lo	pez	
New Registered Office Address:	1620	Ortit Enter Florida stre	et address		
	Fort	Myers	, Florida _	3390 Zip Code	25

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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Juan Carlos Lopez	1670 Ortiz Ave Fort Myers FL 3390	Add Remove Remove
MG/L	<u> Qab Abuoqab</u>	6821 Lake Devonwood Pe Fort Myers, FC 33908	AddRemove
			□ Add
			□ Remove□ Add□ Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ry.)		
Ogab Abrogab resigns as			
Registered agent and authorize	20		
person for Ortiz Tiros + Repa	ICS,	LLC	
Juan Carlos lopez will be so	<u>le</u>		
owner of LLC:			
E. Effective date, if other than the date of filing: (optiona (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	l)		
Dated July 29th, 2014			
Signature of a member or authorized representative of a member			
Ogab Houggab	,	2814	
Typed or printed name of signee (3.5	<u> </u>	41021.124 F 1
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Filing Fee: \$25.00