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MAR 26 2014 D. BRUCE

COVER LETTER

Division of Corpo					
SUBJECT: The	Lab Tire and Name of Limi	A Automotive, LCc ted Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Markus M The Lab T	Name of Person The and Autom Firm/Company	five, uc		
	10280 Old Orland The tire lab ac E-mail address: (1	Address J Address J OFL 32507 City/State and Zip Code Company Com Obe used for future annual report notifie	#360 cation)	2014 HAR 19 PM 2: SERREGARY OF STATE ARCHARASSES FLORE	
For further information con	cerning this matter, please ca			: 31	- Amer
Markus Name of P	Mercado erson	at (407) 406 - 00 Area Code Daytime	437 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 Certificate of Certified Cop (additional copy	f Status &	

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 Liabi	Lab Tire and Automotive, LLC lity Company as It now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 4400037855	al land
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the words "L Enter new principal offices address, if applicable:	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	AR 19
(Mailing address MAY BE A POST OFFICE BOX)	
2011	92 2: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Futor Florida street address
	Enter Florida street address
	, 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address **Type of Action** Ashley Gulbronson 8782 Fort Jefferson Blud Orlando FL 32822 AMBR Marks Mercado 8782 FORT JEFFERSON Blud # Add Orlando FL 32822 HAR 19 PM 2:31 □ Remove _□ Add ☐ Remove _ Add ☐ Remove

	on, enter change(s) here: (Attach addit	, , ,
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ective date, if other than the defective date must be specific, cannot date this document is filed by the Flor	late of filing: 3012014 t be prior to date of receipt or filed date and cannot ida Department of State)	(optional) be more than 90 days after
ted March 13		
Mark. A	Man	
	ignature of a member or authorized representative	e of a member
Markus	Mercado	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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