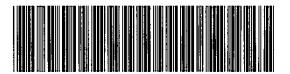
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COVER LETTER

TO:	Registration Se Division of Cor						
em		S'S TIRE SERVICES LLC.					
Name of Limited Liability Company							
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Pleas	se return all correspo	ndence concerning this matter	to the following:				
		HECTOR SANTANA					
			Name of Person	de l'Allers (1 e le la Francia de la color de la color			
		SANTANA'S TIRE SERV	ICES LLC				
			Firm/Company				
		9501 W HILLSBOROUGE	H AVE.				
			Address				
		TAMPA, FL. 33615					
			City/State and Zip Code				
		theman03210@yahoo.com					
		E-mail address: (t	to be used for future annual report notific	ation)			
For f	urther information co	oncerning this matter, please ca	ill:				
ANI	BAL ROBAYO		813 962-4598				
	Name of	f Person	at () Area Code Daytime	l'elephone Number			
Encl	osed is a check for th	ne following amount:					
9 9	\$25.00 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**

FILED
2015 NOV-9 PM 3: 52
MALIAHASSEE, FLORIDA

SANTANA'S TIRE SERVICES 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 Company Florida document number	were filed on	and assigned	
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 designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5701 MEMORIAL HWY		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL. 33615		
Enter new mailing address, if applicable:	5701 MEMORIAL HWY		
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL. 33615		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ords, enter the name of the ne	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	City	, Florida	

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: FILED

2015 NOV -9 PM 3: 5 Type of Action MGR = Manager AMBR = Authorized Member Title Title <u>Name</u> <u>Address</u> SECRETARY OF STATE - Add □ Remove □ Change □ Add _□ Remove _□ Change 🗖 Add □ Remove ☐ Change □ Add ☐ Remove Change ☐ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00