14000189008

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COVER LETTER

Div	ision of Corp	porations					
SUBJECT:		IRE SHOP AND MOTORS L	LC				
Name of Limited Liability Company							
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		LAZARO RODRIGUEZ					
			Name of Person				
Firm/Company							
6923 W HILLSBOROUGH AVE							
			Address				
TAMPA, FLORIDA 33634							
			City/State and Zip Code				
		LANDRTIRESHOP@GMA					
		E-mail address: (t	to be used for future annual report notif	ication)			
For further in	nformation co	ncerning this matter, please ca	all:	•			
LAZARO RODRIGUEZ		813 464-9023					
Name of Person		at () Area Code Daytime	Telephone Number				
Enclosed is a	i check for the	e following amount:					
□ \$25.00 F	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:

TO:

Registration Section

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

L AND R TIRE SHOP AND MOTORS LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L14000189008.	re filed on 12/11/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
L AND R TIRE SHOP LLC		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
Timeipar office anaress stool BE 715TREET NOORESS		_
_		_
Enter new mailing address, if applicable:	5,54°,	. -
(Mailing address MAY BE A POST OFFICE BOX)		
	200 CO	- .
_	in the second se	_
B. If amending the registered agent and/or registered office		nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		_
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	_
· · · · · · · · · · · · · · · · · · ·	City Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
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an effective date is listed, ote: If the date inserted current's effective date.	ed in this block do	oes not meet th	e applicable s	tatutory filing r	equirements, this	date will n	ot be li	isted as
record specifies	a delayed effe er the record is		but not an	effective tim	ne, at 12:01 a	ı.m. on th	ne ear	lier o
The 90th day afte								
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