L15000038691

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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OF THE STATE OF STATE

T. MATTHEWS JUN 10 2022

COVER LETTER

| | Registration Sec Division of Corp | | | |
|-------------|--------------------------------------|--|---|--|
| CUD IF C | | HERS NEW AND USED TIR | E SHOP, LLC | |
| SUBJEC | l: <u></u> | Name of Limi | ted Liability Company | |
| The enclo | osed Articles of A | Amendment and fee(s) are sub- | nitted for filing. | |
| Please ret | turn all correspor | ndence concerning this matter t | to the following: | |
| | | JIGAR SHAH | | |
| | | | Name of Person | |
| | | LOS BROTHERS NEW A | ND USED TIRE SHOP, LLC | |
| | | | Firm/Company | |
| | | 3215 PHILLIPS HIGHWA | Y | |
| | | | Address | |
| | | JACKSONVILLE, FL 322 | 07 | |
| | | | City/State and Zip Code | |
| | | JIGERSHAH@YAHOO.CO | DM to be used for future annual report not | ification) |
| For furth | er information co | oncerning this matter, please ca | all: | |
| JIGAR S | ВНАН | | 904 343-2771 at () | |
| | Name of | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed | l is a check for th | ne following amount: | | |
| □ \$25 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S | | Street Address: Registration S | ection . |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION SCENE TAKY OF STATE OF

22 APR 22 AM 9:01

| LOS BROTHERS NEW AND USED TIRE SHOP, L | | |
|---|---|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | , |
| The Articles of Organization for this Limited Liability Company | were filed on 03/03/2015 | and assigned |
| Florida document number L15000038691 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | 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: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | · · |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter th</u> | ne name of the new register |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | ida |
| | Cin: | 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 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|---------------------------|----------------|
| AMBR | CHAMPAKLAL SHAH | 4987 VICTORIA CIRCLE | |
| | | WEST PALM BEACH, FL 33409 | ■Remove |
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| THE ONLY A | UTHORIZED MEMB | ER AND REGISTER | ED AGENT OF THE B | USINESS IS JIGAR SHAH | |
|--|--------------------------|---|---------------------------------------|---|-----|
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| (If an effective date is lis Note: If the date ins | | fic and cannot be prior to a not meet the applicat | | (optional) 90 days after filing.) Pursuant to 605.0 rements, this date will not be listed | |
| the record specifies a deord is filed. | elayed effective date, b | ut not an effective tim | ne, at 12:01 a.m. on the e | rarlier of: (b) The 90th day after t | the |
| Dated APRIL 19 | | 2022 | | | |
| Daica | | | ized representative of a me | | |

Typed or printed name of signee

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