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JUL 20 2015 S. YOUMG

COVER LETTER

Division of Corporations
SUBJECT: Tire whole Sale USA 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:
Joseph Gueta Name of Person Tire wholesale USA LLC Firm/Company 1/29 West cypress DR Address Pompano FLORIDA 33069
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toseph Gueta at (954) 446-3909 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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**

Tire wholesale USA LCC	nnears on our records.)						
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	any)						
The Articles of Organization for this Limited Liability Company were filed o	n <u>06,26,15</u>		and assigned				
Florida document number <u>L 15000 III 2 II</u> .							
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:							
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
	28	퍐					
Enter new mailing address, if applicable:		······································					
Mailing address MAY BE A POST OFFICE BOX)		E	<u>T</u>				
		-7					
B. If amending the registered agent and/or registered office addres	FIG.	70	• •				
	s on our records <u>se</u>	<u>nter, t</u>	he name of the n				
registered agent and/or the new registered office address here:	ē,	30					
Name of New Registered Agent:							
New Registered Office Address:							
Ente	r Florída street address						
	, Florid	a	7:- Codo				
City			Zip Code				

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 AMBR = Authorized Member **Type of Action Title Name** <u>Address</u> ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add Remove Change

☐ Change

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fective date, if other	r than the date of 1	filing:		(optio	nal) filing.) Pursuant to 605.02
ote: If the date inserte	ed in this block does i	not meet the appli-	cable statutory filing	ore than 90 days after t g requirements, this	date will not be listed
cument's effective dat	te on the Department	t of State's records	3.		
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<u></u>	Signature	of a member or auth	orized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00