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(Re	questor's Name)	
· (Ad	dress)	
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(Cit	ry/State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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16 JUL 28 PH 12: 56 SECRETARY OF STATE TALLAHASSER FOR LORIDA

J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor					
CITE		THERS TIRES, LLC				
Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please	return all correspo	ndence concerning this matter t	to the following:			
		AMJAD, AHWAL				
			Name of Person	• • • • • • • • • • • • • • • • • • • •		
		TWO BROHERS TIRES, I	LLC			
			Firm/Company	<del></del>		
		4560 WEST COLONIAL I	OR.			
			Address	<del>.</del>		
		ORLANDO, FL 32808				
			City/State and Zip Code	_		
		twobrotherstires@gmail.com		<del></del>		
			o be used for future annual report notifi	cation)		
For fur	ther information co	oncerning this matter, please ca	ili:			
AMJA	D, AHWAL		407 739-2519			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	e following amount:				
<b>≘</b> \$2:	5.00 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:

TO:

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

ssigned
ssigned
L.L.C."
5847
31(32)
131

## 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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	d specifies a delayed		ate, but not ar	effective time, a	at 12:01 a.m	n. on the ear	rlier o
ne 90	oth day after the rec	ora is filea.					
لبمد	July 25,	,	2016				
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.ed		Signature of a m	ember or authorized				
		Signature of a m	ember or authorized			超声	est const.
iea	AMJAD, AHWAL					JUL 28 RETGRY	Salari Salari Salari
			Typed or printed na				) ************************************
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