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(Business Entity Name)
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COVER LETTER

Registration Section
Division of Corporations

TO:

	TIRE SERVICES LLC				
SUBJECT:,	Name of Limit	ted Liability Company	· -		
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.			
Please return all corresp	ondence concerning this matter t	to the following:			
	GLORIA N VELEZ				
		Name of Person			
	GAVIOTA TAX SERVIC	CES LLC			
		Firm/Company			
	4045 CASTLEGATE DR				
		Address			
	ORLANDO. FL 32839				
		City/State and Zip Code			
	gloriavelez5@gmail.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please co	all:			
GLORIA VELEZ		321 347-9528 at ()			
Name	of Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for	the 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)		
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		rangeds)	-
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company	were filed on	6 an	d assigned
Florida document number 1.16000224106			
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 designati	on "LLC" or the abbreviati	on "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	address on our record	s, <u>enter the name of th</u>	<u>ie new registe</u>
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		 	·
	Enter Florida str	Enter Florida street address	
			<u> </u>
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this capac	rity. I further agree to	comply with
provisions of all statutes relative to the proper and complete	e performance of my d	uties, and Lam familt	ar with and
accept the obligations of my position as registered agent as	r proviaea jor in Chapi	er 000. r.s. Or. y mi	у асситені 1

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

<u> Fitle</u>	<u>Name</u>	Address 11 1 2 2 2 2 3	Type of Action
AMBR	DULCE M YANES ZUNIGA	3703 STATE ROAD 574 PLANT CITY FL 33563	\overline Add
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			Change
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ote: If	trive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cumer	nt's effective date on the Department of State's records.
	the second secon
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	OCTOBER 13
	Signature of a themberfor authorized representatille of a member
	Signature of an ember of authorized representative of a member