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(i	Reque	estor's Name)
. (/	Addre	ess)	
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(0	City/S	state/Zip/Phor	ne #)
PICK-UP		WAIT	MAIL
(i	Busin	ess Entity Na	ame)
(I	Docur	ment Number	r)
Certified Copies	· -	Certificate	es of Status
Special Instructions	to Fili	ng Officer:	

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COVER LETTER

	egistration Se- ivision of Cor			
SUBJECT		TIRES LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		JAMESON CHERY		
			Name of Person	
		CHUCKYS TIRES LLC		
			Firm/Company	
		10201 NW 27TH AVE BA	AY 2	
			Address	
		MIAMI FL 33147		
			City/State and Zip Code	
		JAMESONCHERY41@YA	AHOO.COM to be used for future annual report notific	ontion)
For further	information co	oncerning this matter, please c		autony
JAMESON	N CHERY		786 366-4974	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	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:

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

CHUCKY'S TIRES LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/19/2017	and assigned
Florida document number 1.17000015031	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		1973
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		N
		13
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the new
registered agent and/or the new registered office addr	too nerg.	•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer i wrati sireer attaress	
	, Flori	ida 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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMESON CHERY	2501 NE 56TH TER APT A	Add
		MIAMI FL 33142	□ Remove
			☐ Change
			□ Add
			□ Remove
,			Change
·			Remove
			□ Change,
			☐ Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change

SECTION IT SAYS (NONE)	NEED MY NAME TO BE LOCATED IN THAT	SECTION, I AM THE SOLE
OWNER OF THIS BUSINES	S. I AM THE AGENT AND THE TITLE MGR	
		*. 3x Aà T
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		, t-
ctive date, if other than the d	ate of filing:	(optional)
: If the date inserted in this block	be specific and cannot be prior to date of filing or more than the does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be list
ecord specifies a delayed e 90th day after the reco	effective date, but not an effective time, and is filed.	at 12:01 a.m. on the earli
d MARCH 17TH	, 2017	
	6 _	

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Typed or printed name of signee

Filing Fee: \$25.00