

# LI7000029625

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

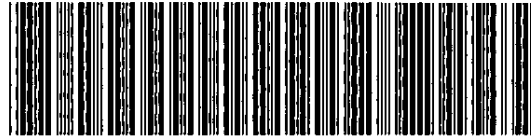
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 JUN -2 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 05 2017  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bay Tire Pros Tampa, 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:

Joel Rosa  
Name of Person  
Bay Tire Pros Tampa, LLC  
Firm/Company  
7106 W. Creek Drive  
Address  
Tampa, FL 33615  
City/State and Zip Code  
baytirepros@gmail.com  
E-mail address: (to be used for future annual report notification)

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2017 JUN -2 PM 3:59

RECEIVED

For further information concerning this matter, please call:

Joel Rosa at (646) 469-9006  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2017

JOEL ROSA  
9501 W HILLSBOROUGH AVE  
TAMPA, FL 33615

SUBJECT: BAY TIRE PROS TAMPA LLC  
Ref. Number: L17000029625

We have received your document for BAY TIRE PROS TAMPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 917A00010506

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2017 JUN -2 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bay Tire Pros Tampa, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/6/17 and assigned  
Florida document number L17000029625.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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) \_\_\_\_\_

7106 W. Creek Drive  
Tampa, FL 33615

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

Joel Rosa

New Registered Office Address: \_\_\_\_\_

7106 W. Creek Drive

Enter Florida street address

Tampa  
City

Florida 33615  
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

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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>	<u>Type of Action</u>
MGR	Lazaro M Rodriguez	6713 Dimarco Rd	<input type="checkbox"/> Add
		Tampa, FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AURE	Rosaismin Leal	6713 Dimarco Rd	<input type="checkbox"/> Add
		Tampa, FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joe Rosa	7106 W. Creek Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Liliana Astete	7106 W. Creek Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(If an effective 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 605.0207 (3)(b)

Dated 5/30/17, \_\_\_\_\_

Joel Rosa

Typed or printed name of signee

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