

## Florida Department of State

Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NEW START BUSINESS SOLUTIONS INC  
Account Number : I20130000079  
Phone : (305) 804-1047  
Fax Number : (866) 767-7835

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**TROTTA TIRE OF MIAMI, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Y SULKER

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

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TROTITA TIRE OF MIAMI, 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 02/4/02014 and assigned Florida document number L17000035670.

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:

19100 SW 106TH AVE # 16-17

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33157

Enter new mailing address, if applicable:

19100 SW 106TH AVE # 16-17

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33157

**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:

DAVID CARDOSO

New Registered Office Address:

19100 SW 106TH AVE # 16-17

*Enter Florida street address*

MIAMI

Florida

*City*

33157

*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.*

David Cardoso

**If Changing Registered Agent, Signature of New Registered Agent**

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AMBR = Authorized Member

[illegible]

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