(Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	equestor's Name)	
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: Dis Co	ount tires & A	Auto repair LLC ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Usama Ha OWNer 4904 Hea	Firm/Company		」产学和
		City/State and Zip Code ANA @ gmail · Com to be used for future annual report notifi		D ED FM In: 22
For further information c	t-mail address: (oncerning this matter, please ca		ication)	
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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)	
*****	NG ABBURGO	<u> </u>		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

Dis Count tires and a Compare (Name of the Limited Liability Compare (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 17 0000 82 498	were filed on 64/12/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	38 Rainbow Dr Crawfordville, F. L. 3 2327
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Crawfordville, FL, 32327
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent: New Registered Office Address:	2019
	Enter Florida street address Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

company has been notified in writing of this change.

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
M <u>GR</u>	Bishoy Hanna	4904 Heathedr.	t Add
		Tallahassee, Fl, 32309	Remove
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			Add
			Remove
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			Remove
			Change

D. Hame	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	'y:.)	
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Note: I	te date, if other than the date of filing:) Purguant to 605	0207 (3)(b) d as the
If the reco (b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	r of:
Dated _	06/07/2019		
	Signature of a member or authorized representative of a member		
	Usama Hanna Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00