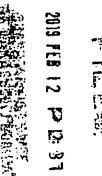
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FEB 2 0 MM T. LEWIEUX

COVER LETTER

The Ti	re Centre of Immokolee LLC
SOBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corn	respondence concerning this matter to the following:
	Adam Sanchez III
	Name of Person The Tire Centre of Immokolee
	Firm/Company 2620 S. Monroe Street
	Address Tallahassec, FL 32301
	City/State and Zip Code thetirecentre@gmail.com
For further informati	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:
Adam Sanchez III	850 671-4181
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
S25.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

The Tire Centre of Immokolee LLC

FILES

(Name of the Limited Liability (A Florida L	Company as it now appears	on our records.)
(A Florida L	Limited Liability Company)	2013 FEB 12 PD: 37
The Articles of Organization for this Limited Liability Co. Florida document number L17000189581	mpany were filed on 9/06.	/2017@@feet vertex and assigned
The Afficies of Organization for this Elithed Liability Col	inpany were med on	and assigned
Florida document number L17000189581	··	A STATE OF THE STA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	<u>ε</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	City	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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bryan W. Phillips	2620 S. Monroe Street Tallahassee, FL	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
		·	☐ Change
			□ Add
			□ Remove
			☐ Change
		·	Add
			Remove
			☐ Change
			☐ Remove
			☐ Change

•	•
(If an e Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
) Th	
	January 31 2019
	AL 11 = 11
	January 31 , 2019 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00