Fax

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102 Phone : (954)998-1035 Fax Number : (954)573-1480

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 ANDRADE TIRE SERVICES LLC

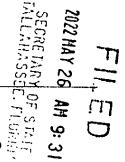
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J. HORNE

MAY 27 2022

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5/25/2022 6:55:30 PM PAGE

May 25, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

ANDRADE TIRE SERVICES LLC 72 W. 21ST STREET HIALEAH, FL 33010

SUBJECT: ANDRADE TIRE SERVICES LLC

REF: L17000229124

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not recieved.

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

KYLE D BRUMBLEY FAX Aud. #: E22000184845

Regulatory Specialist II Supervisor Letter Number: 822A00011946

Registration Section

COVER LETTER

	tration Section on of Corporations	
SUBJECT:	NDRADE TIRE SERVICES LLC	
30 132 C1	Name of Limited Liability Compar	ıy
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return a	I correspondence concerning this matter to the following:	
	CARLA C ANDRADE	
	Name of Person	on
	ANDRADE TIRE SERVICES LLC	
	Firm/Compan	у
	72 W 21ST STREET	
	Address	
	HIALEAH FL 33010	
	City/State and Zip	Code
	ANDRADETIRESERVICES@GMAIL.COM	
For further info	E-mail address: (to be used for future a rmation concerning this matter, please call:	innual report notification)
Carla	C Andrade at 786	553 -2357 Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number
Enclosed is a c	neck for the following amount:	
■ \$25.00 Fili	ng Fee S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified Co (additional copy	py Certificate of Status &

Ŋ

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahasscc, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES O	FORGANIZATION	20 S
	OF	2022 SECI
		T AND THE PROPERTY OF THE PROP
ANDRADE TIRE SERVICES LLC		75. Z
(Name of the Limited [Anbility Co	mpany as it now appears on our records.) led Liability Company)	
(A rionus Limi	ted Liaonity Company)	유 로 내
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
Florida document number L17000229124		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	lishility company bere:	
	monty company ice.	
The new name must be distinguishable and contain the words "Limited L	isbility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)	4	
D. If amonding the arrival array and the second array		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
		——————————————————————————————————————
New Registered Office Address:	Enter Florida street address	
	Lines I write meet accress	
	, Florida	Zip Code
New Registered Agent's Signature of changing Registered Age	•	zip Code

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 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>	Name	Address	Type of Action
AMBR	CARLOS A ANDRADE AGUADO	808 NE 191 st	□Add
		Miami, FL 33179	■Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
	,		□Change
	<u></u>		□ Add
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î un ciî <u>Note:</u>	ve date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	May 25 2022
Date U	Al da hel
	Signature of a member of authorized representative of a member

Typed or printed name of signce