

Florida Department of State  
Division of Corporations  
Electronic Filing Office

**L17000229124**

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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**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

J. HORNE

MAY 27 2022

RECEIVED

2022 MAY 26 AM 7:34

REGISTRARS  
COMMERCIAL  
SERVICES

FILED  
2022 MAY 26 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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25-May-2022 19:34 Fax  
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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. #: H22000184845  
Regulatory Specialist II Supervisor Letter Number: 822A00011946  
Registration Section

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ANDRADE TIRE SERVICES 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:

CARLA C ANDRADE

Name of Person

ANDRADE TIRE SERVICES LLC

Firm/Company

72 W 21ST STREET

Address

HIALEAH FL 33010

City/State and Zip Code

ANDRADETIRESERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla C Andrade

Name of Person

at (786) 553-2357

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRADE TIRE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 MAY 26 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
and assigned

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_  
Florida document number L17000229124

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) \_\_\_\_\_

**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: \_\_\_\_\_

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

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 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

[illegible]

[illegible]**Filing Fee: \$25.00**