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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Tires	plus Towing Name of Limi	Services. Uc	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	YANET F	mentel Name of Person	
	Tires plus	Towing Services	، در د
	1168 Biscay	NE DR . Address	
	Cape Coral	City/State and Zip Code Sowing Services Octobe used for future annual report notifi	
-	Tires plus T E-mail address: (i	owing Services Co	Bagil-Com
For further information conc	erning this matter, please ca	ill:	
VANEL Pine Name of Pe	entel	at (<u>) 39</u> <u>318 - 7</u>	Telephone Number
Enclosed is a check for the fo	ollowing amount: 2 S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	ADDRESS:	STREET/COURIE	
Registratio Division o	n Section Corporations	Registration Section Division of Corpora	
P.O. Box 6 Tallahasse	327 c, FL 32314	Clifton Building 2661 Executive Cen	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Li	ability Compar orida Limited L	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L17000</u> 33 043	ity Company (were filed on <u>11 - 07</u>	3 - 2017 and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A)	DDRESS)		•
			·- 3
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
		· · · · · · · · · · · · · · · · · · ·	()]
B. If amending the registered agent and/or r registered agent and/or the new registered office	Ų		records, <u>enter the name of the new</u>
Name of New Registered Agent:	Arturo	Rodrigue	L, Lopez
		20 ⁴ⁿ St	t address
		Acres	Florida 33976 Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: (optional) (optional) (optional) (effective date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to fee. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. (optional) (applicable is department, this date will not be lument's effective date on the Department of State's records. (applicable is department, this date will not be laurent's effective date on the Department of State's records. (b) (c) (c) (d) (optional) (optional) (applicable statutory filing requirements, this date will not be laurent's effective date on the Department of State's records.		
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Signature of a member or authorized representative of a member	···	
Signature of a member or authorized representative of a member		
	Signature of a member or authorized repres	sentative of a member
	ARTURO RODRIGUE Typed or printed name of s	

Page 3 of 3

Filing Fee: \$25.00