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COVER LETTER

TO: Registration Section

Div	rision of Cor	porations		
	_	ODIDA TIDE OZZ SINE U	W. C. L. C.	
SUBJECT:		LORIDA TIRE 247 PINE H	IILLS LLC ited Liability Company	
		, varie of Emi	ned thanney company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	indence concerning this matter	to the following:	
	•	-	·	
		0	ILVANA Y AVILA TOVAR	
			Name of Person	
			Name of Ferson	
		STC	TRUCK SERVICES LLC	
			Firm/Company	
		730 CE	NTRAL FLORIDA PARKWAY	
			Address	
		OPI	ANDO, FLORIDA 32824	
			City/State and Zip Code	
		GI	LVANA.AT@GMAIL.COM	
		E-mail address: (to be used for future annual report notif	lication)
For further i	nformation c	oncerning this matter, please co	ail:	
	GILVANA	Y AVILA TOVAR	at (6 1 9) 3 1 9	0 6 8 3
		f Person	at (<u>6 1 9</u>) <u>3 1 9</u> Area Code Daytime	2 Telephone Number
F 1 . 15.		C. II		
		ne following amount:		
X \$25.00 !	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		Certificate of Status	(additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)
		ING ADDRESS:	STREET/COURI	
		ration Section on of Corporations	Registration Section Division of Corpor	
		ox 6327	Clifton Building	
		issee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

		PINE HILLS LLC		
(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>04/03/</u>	2018	and assigned
Florida document numberL18000079696				
This amendment is submitted to amend the follow	ving:		Ţ	ig 3
A. If amending name, enter the new name of t	he limited liabi	lity company here:	į	高い
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the design	ation "LLC" or the a	bbre Gation P.L.CM
Enter new principal offices address, if applical	ble:			平 里
(Principal office address MUST BE A STREET	ADDRESS)			OR ST.
Enter new mailing address, if applicable:		P.O. BOX 1937		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	WINDERMERE, I	FLORIDA	
		34786		
B. If amending the registered agent and/o registered agent and/or the new registered offi	ce address here	:	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	GILVANA Y A	AVILA TOVAR		
New Registered Office Address:	730 CENTRA	AL FLORIDA PARK		
		Enter Florida si	reet address	
	ORLA	ANDO	, Florida	32824
		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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	GILVANA Y AVILA TOVAR	730 CENTRAL FLORIDA PARKWAY	⊠ Add
		ORLANDO, FLORIDA 32824	Remove
			Change
MGR	GRINER, PHILIP	1710 RIDGEMOOR DR	
		MASCOTT, FLORIDA 34753	□ KRemove
			Change
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Effect	tive date, if other than the date of filing: (optional)
lf an ef	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
ae re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
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	2010
_	<u> 30th duly </u>
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Page 3 of 3

Filing Fee: \$25.00