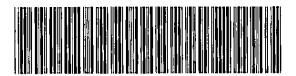


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O SIMMONS DEC 2 7 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florick, Tire 249 (Name of Li	Pine Hills LLC imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Gilvana Y. Avila Tovar (Contact Person)	
Florida tire 247 Pine Hills	s LLC
730 Central Florida Parky	vay
Orlando, FL 32824 (City/State and Zip Code)	
For further information concerning this ma-	tter, please call:
Givana Avila (Name of Contact Person)	at (407) 340 8811 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Tire 247 Pine thils LLC

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

The Articles of Organization for this Limited Liability Company w	ere filed on <u>08/28/2018</u>	and assigned	
Florida document number <u>L18000079696</u>			
This amendment is submitted to amend the following:		 دی	
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "Latt.C."	
Enter new principal offices address, if applicable:		~~ :	
(Principal office address MUST BE A STREET ADDRESS)			
		26	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	<u> </u>		
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 provisions of all statutes relative to the proper and complete pe		• •	

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	Suleiman, Aladehaki m	1339 Selbydon way	Add
		Winter Garden, FL 39787	Remove
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e: If the date inserted in	an the date of filing: late must be specific and cannot be p this block does not meet the ap the Department of State's reco	plicable statutory filing require	ements, this date will not be lis	05.0207 (3)(b) sted as the
record specifies a de ne 90th day after th	elayed effective date, but se record is filed.	not an effective time, a	t 12:01 a.m. on the earl	ier of:
ed	::	Tana		
	Signature of a member of a	authorized representative of a mer	nber	

Page 3 of 3

Filing Fee: \$25.00