118000087192

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cir	ty/State/Zip/Phoni	e #)
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COVER LETTER

	Registration Section Division of Corp			
	3 GUYS TY			
SUBJEC	CT:	Name of Limi	ted Liability Company	
		mendment and fec(s) are sub-		
Please re	turn all correspon	dence concerning this matter	to the following:	
		OMAR LOPEZ-VIDAL		
			Name of Person	
		3 GUYS TIRES		
			Firm/Company	
		2843 BEAVER DR		
			Address	
		DELTONA, FL. 32725		
			City/State and Zip Code	
		E-mail address; (to be used for future annual repor	modification)
For furth	ner information co	ncerning this matter, please ca	all:	
OMAR	LOPEZ-VIDAL		386 315-75	
	Name of	Person	Area Code D	nytime Telephone Number
Enclose	d is a check for the	c 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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 GUYS TIRES, LLC			
(Name of the Limit	ed Liability Company as it now app (A Florida Limited Liability Company	y)	
The Articles of Organization for this Limited L. Florida document number 1.18000087192	iability Company were filed on	04/06/2018	_ and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," t	he designation "LLC" or the abbr	eviation "L.IC."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
and the state of t			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
		- <u>-</u> .	<u>्रें हैं 7</u>
B. If amending the registered agent and registered agent and/or the new registered of	Nor registered office address	on our records, enter the	he name of the new
Name of New Registered Agent:	GABRIEL SOTO		
New Registered Office Address:	511 ELDRON AVE		
		Florida street address	20
	DELTONA City	, Florida <u>327</u>	Zip Code
	CH) ^r		Dip Come

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

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

Title	Name	Address	Type of Action
AR	MORALES, HECTOR J	4991 GRAND AVE	D Add
		DE LEON SPRINGS, FL 32130	Remove
			☐ Change
AR	STAFFORD, DAVID J	930 HUNTERS CREEK DRIVE	
		DELAND, FL 32730	Remove
			☐ Change
			□ Remove
			U Change SEP TI
			Remove PH S: 25
			□ Remove
			☐ Change
			☐ Remove
			Change

frective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xh ote;) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the occument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Signature of a member or authorized representative of a member	ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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frective date, if other than the date of filing: 08/29/2018 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)th other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the occument's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Signature of a member or authorized representative of a member	-		ה כ
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		Signature of a member or authorized representative of a member	
		OMAR LOPEZ-VIDAL	

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Filing Fee: \$25.00