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COVER LETTER

Division of Co	rporations		
SUBJECT:	L&	H Tires, LLC	
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Wallace		
		Name of Person	
	Attorney at Law		
		Firm/Company	
	6034 Chester Ave. #207	7H	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Jacksonville, FL 32217		
		City/State and Zip Code	
	Luay_7575/2 E-mail address:) Yahoo . Com to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c		
Robert Wallace		904 7335190	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Enclosed is a check for t	he following amount: □ \$30.00 Filing Fee &	at ()Area Code Daytime □ \$55.00 Filing Fee & Certified Copy	□ \$60,00 Filing Fee. Certificate of State Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

L & H TIR	RES, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on mAY 4, 2018	and assigned
Florida document number L18000112350		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	VISION VISION
		<u> </u>
Protessing and the second state of the second		7 P COR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3. RANGE
		9 =
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GHAZWAN GHANIM HANNA	2425 N MAIN ST.	■ Add
		JACKSONVILLE, fl 32206	□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			
			Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
AUGUST 13 2018	
D O	
Signature of a member or authorized representati	ve of a member

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Filing Fee: \$25.00