

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

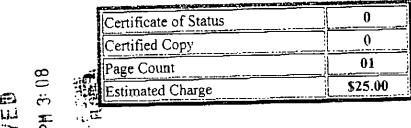
Account Name : TRAMILEX LLC Account Number : 120150000086 : (786)469-9163 Phone

: (305)848-3716 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARRIETTA & VILCHEZ TIRES LLC



Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

ARRIETTA &	& VILCHEZ TIRES LLC
BJECT:	Name of Limited Liability Company
ie enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
lease return all correspond	lence concerning this matter to the following:
	ADELGRIS J VILCHEZ
	Name of Person
	•
	ARRIETTA & VILCHEZ TIRES LLC
	Firm/Company
	950 SW 117th WAY
	Address
	FORT LAUDERDALE, FL 33325
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
	786 399-3534
ADELGRIS I VILCHEZ	at ()

Enclosed is a check for the 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/COURIER ADDRESS:

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

1+14mn>2012- -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ARRIETTA & VILCHEZ TIRES LI	.C			
(Name of the Limite	d Liability Compar A Florida Limited L	iy as it now appears of iability Company)	on our records.) 11 OEC -5 P	27
The Articles of Organization for this Limited List Identified Iden	bility Company	were filed on 05/01	and assigned assig	l CA
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company bere	<u>re</u> :	
N/A The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the des	esignation coe of the approviation and	
Enter new principal offices address, if application	ible:	950 SW 117th WAY		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33325		
Enter new malling address, if applicable:		950 SW 117th WAY		
Mailing address MAY BE A POST OFFICE	BOX)	FORT LAUDERDALE, FL 33325		
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	office address on	our records, enter the name of	the_
Name of New Registered Agent:	ADELGRIS J			
- D. Januard Office Address:	950 SW 117th			
New Registered Office Address:	Enter Florida street address			
	FORT LAUD	ERDALE	Florida 33325 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
	ad accept and ac	ree to act in this o	capacity. I further agree to comply I my duties, and I am familiar with c	with

If Changing Registered Agent, Signature of New Registered Agent

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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.

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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> Fitle</u>	Name	<u>Address</u>	Type of Action
MGR	ADELGRIS J VILCHEZ	950 SW 117th WAY	Add
		FORT LAUDERDALE, FL 33325	Remove
			Change
MGR	ROBERTH S ARRIETA ARRIAS	950 SW 117th WAY	D Add
		FORT LAUDERDALE, FL 33325	☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change

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	NTA.		
Effective date, if other than the dat	te of filing:		(optional)
Effective date, if other than the date it is listed, the date must be	specific and cannot be prior to	date of filing or more than	rements this date will not be listed
Note: If the date inserted in UNS DIOCK	GOG2 HOT INOCT THE TANKER.	he statutory times requi	oniona, mo
document's effective date on the Depar	them of state 3 records.		
ne record specifies a delayed ef	fective date, but not	an effective time,	at 12:01 a.m. on the earlier
The 90th day after the record	l is filed.		
12/03/2019	2019		
Dated		— '	
	ARA		
	651/		
		arno representativo ot 4 m.	ember
Sig	mature of a member or autho-	rized representative of a m	ember

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Filing Fee: \$25.00

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