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## **COVER LETTER**

ro:	Registration Se Division of Cor		¥.	
SUBJI	ECT:	KRON	ER TIRES LIC	DIS JA 12 PA
		Name of Lim	tited Liability Company	
l'he en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease	return all correspo	ondence concerning this matter	to the following:	
		Alex	Name of Person	arrios_
			KRUNER TIRES I	
		15	5595 US HWY 1	792
			City/State and Zip Code	
		E-mail address: (	RONER USA & 5 m r	ication)
		oncerning this matter, please co		
	AIE *AND Name o	RE PRADO BARG	$\frac{2iQS}{Area Code} = \frac{407}{Area Code}$	- 701 - 4011 e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>9</b> \$2:	5.00 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)
	MAIL	INC ADDDESS:	STDEET/COUDII	ED ADDDESS.

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

(75 FOHUA	minica	rammir	Company

ARTICLES OF AMENDMENT
OT E
ARTICLES OF ORGANIZATION
OF CONTRACTOR OF
ARTICLES OF AMENDIALITY  TO  ARTICLES OF ORGANIZATION  OF  KRONER CIRCS UCC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Fiorida Elimited Eliability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/08/2018 and assigned
Florida document number <u>L 1800023</u> 8529
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Zip Code
lew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with trovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Name	<u>Address</u>	<b>Type of Action</b>
MBR	GIOVANA PRAM BARI	210S 1559 S US HWY 1792	
		LONGWOOD FL32750	<b>∄</b> Remove
			Change
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an e iote:	ffective date, if other than the date of filing: 10/08/18 (optional)  ffective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord 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.
atec	DECEMBER 13TH , 2018
	Signature of a member or authorized representative of a member
	Man and Roma RODDIOC
	AJEXANDRE PRADO BARRIOS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00