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COVER LETTER

Division of Corporations
SUBJECT: STC SMCITT TIFE CENTER LUC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Gilvana Avila
Name of Person
STC Smart Tike Center LLC Firm/Company
Firm/Company
730 Central Florida Parkway
Address
Orlando Hardo
City/State and Zin Code
Orkndo, Floida City/State and Zip Code gilvara @ phoenix tire grow_com E-mail address: (to be used for finter annual report notification)
E-mail address: (to be used for futbre annual report notification)
For further information concerning this matter, please call:
Gi Wana Avila at (619) 319 0683 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. 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
Clition Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB 13 PM 4: 40

SIC Smart Tire Center LI	LC	^=
SIC SMCITH TIPE CENTER LI (Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) hability Company)	ALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L1800269880	were filed on	and assigned
Florida document number C10002 G1000.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	City	Zip Code
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name .	Address	Type of Action
MGR	De Oliveira, Jaime Oncins	KIST Westbury Drive	Add
		Clermont, FL 34711	🄀 Remove
			Change
			□ Remove
			Change
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	•		Change
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			□ Remove
			Change
			□ Remove
			Change
			🗆 Add
			□ Remove
			☐ Change

. amuli	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u> 11	the date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 90 th day after the record is filed.
ated _	01 February 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00