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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: STC	Smart Tire	Center UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Gilvar	na Avila	
		Name of Person	
	Phoenix Tr	e International of	LLC
		Firm/Company	
	5829 Old (Winter Garden	
		Winter Garden Address	
	Onla I		
	<u>Oriancio,</u>	Florida 32835 City/State and Zip Code	
	_		
	E-mail address: (to be used for future around report not	itication)
For further information co	ncerning this matter, please co	all:	
	-		
<u> 6ilvana</u>	Avila	at (<u>407</u>) <u>705</u> 7 Area Code Daytin	576
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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)
Registra	NG ADDRESS: tion Section of Corporations	STREET/COUR Registration Section Division of Corpo	on
P.O. Bo Tallahas	x 6327 isee, FL 32314	Cliffon Building 2661 Executive Co	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited I Florida document number L18000269880		y were filed on 11/1	9/2018	and a	ssigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	bility company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	ignation "LLC" or th	ie abbrėvjątion :	L.C."
Enter new principal offices address, if appli		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				25 6	<u></u>
Enter new mailing address, if applicable:		3136 West Colon	ial Dr	70	
(Mailing address MAY BE A POST OFFICE	(BOX)	Orlando, FL 3280	98	<u>55</u>	<u></u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>re</u> : n	our records, <u>en</u>	ter the name	e of the no
New Registered Office Address.		Enter Florid	la street address		
	Orlando		, Florida	32808	
		Cuy		Zip Code	ı'

New Registered Agent's Signature, if changing Registered Agent:

CTC CATADT TIDE CENTED LLC

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>	Address	Type of Action
MGR	Gilvana Avila Tovar	5829 Old Winter Garden Road Orlando, FL 32835	
			■ Remove
			☐ Change
MGR	Naim Suleiman	3136 West Colonial Dr Orlando, FL 32808	Add
			Remove
			Add Solution Rentitive Solution Solution Rentitive Solution Solution
			386 AH (1) 2
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	e, if other than the date must be	e specific and ca k does not me	annot be prior to et the applicat	date of filing or	more than 90 days ng requirements			
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