## L19000022009

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## **COVER LETTER**

Division of Corporations
SUBJECT: Bay Tire Mobile LLC Name of Limited Liability Company
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Liliana Astete Name of Person
Firm/Company
7106 W. Cieck Dive
Tempa, F1 33615 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Liliana Astete at (646) 339. 4286  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee \$25 Filing Fee & Certified Copy

INHS18 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay Tise M	lobile,	LLC					
Name of the Limited	Liability Company as it i Florida Limited Liability	now appears on our records. Company)	.)				
The Articles of Organization for this Limited Liability Company were filed on 1/22/2019 and assigned Florida document number 1/9000022009							
This amendment is submitted to amend the follow							
A. If amending name, enter the new name of the	_	mpany here:					
The new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicab	le:						
(Principal office address MUST BE A STREET)	ADDRESS)		<u> </u>				
			E T				
Enter new mailing address, if applicable:	<del></del>		<u> </u>				
(Mailing address MAY BE A POST OFFICE BC	<u> </u>						
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ace eaddress here:	ldress on our records,	enter the name of the new				
Name of New Registered Agent:	Liliana	Astete					
New Registered Office Address:	·····	Enter Florida street address					
		<del></del>	rida				
	Cit	v	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Man AMBR = Auti	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Liliana Astete	7106 W Creek Drive	🖸 Add
		7106 W Creek Drive Tampa, Fl 33615	<b>X</b> Remove
			Change
MGR	Joel Rosa	7106 W. Creek Drive	bX Add
		Jampa, F1 33615	□ Remove
			C C C C C C C C C C C C C C C C C C C
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the Note:  If the date inserted in this block does not meet the applicable statutory filing reddocument's effective date on the Department of State's records.	than 90 days after filing.) Purst	uant to 605.02 ot be listed
ne record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on th	ne earlier
Dated 5/30 / 19		
Signature of a member or authorized representative of a	mamhar	

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Filing Fee: \$25.00