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COVER LETTER

Registration Section **Division of Corporations**

JECT: TIREMINI	E LLC		
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	EDWARD A CLAROS		
		Name of Person	
		Firm/Company	
	12536 BOGGY POINTE I)R	
		Address	
	ORLANDO, FL 32824		
	EDCLAROS@GMAIL.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	all:	
EDWARD A CLAROS		at (305) 7137180 Area Code Daytime	
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIREMINE LLC		, , <u>0</u> .	1 r - r	
(Name of the Limited	<mark>Liability Compa</mark> Florida Limited I	ny as it now appears on Jiability Company)	our records.)	
Articles of Organization for this Limited Liab ida document number	ility Company			
amendment is submitted to amend the follow	ing:			
If amending name, enter the new name of th	<u>ie limited liab</u>	ility company here:		
NTABLACK INVESTMENT LLC				
new name must be distinguishable and contain the word	s "Limited Liabil	lity Company," the design	nation "LLC" or the ab	obreviation "L.L.C."
er new principal offices address, if applicable	12536 BOGGY POINTE DR			
ncipal office address MUST BE A STREET		ORLANDO, FL 32	824	
er new mailing address, if applicable: ailing address MAY BE A POST OFFICE BO	<u>DX)</u>			
If amending the registered agent and/or regi	stered office a	address on our reco	rds, enter the nam	ne of the new regis
nt and/or the new registered office address b	<u>iere</u> :			
Name of New Registered Agent:	EDWARD A C	LAROS		
New Registered Office Address:	12536 BOGGY			
		Enter Florida :		-
	ORLANDO		Florida	824
		City		Zip Code

New 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 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

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

R = Manager

BR = Authorized Member

<u>e</u>	Name	Address	Type of Action
R	EDWARD A CLAROS	12536 BOGGY POINTE DR	□Add
		ORLANDO, FL 32824	□ Remove
			□Change
GR	CAROLINA MEJIA	12536 BOGGY POINTE DR	□Add
		ORLANDO, FL 32824	□Remove
			🗀 Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
		·	□Add
			□Remove
			□Change

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ctive date, if other than the date of filing:	(optional)
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.020
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earlier of: (b) The 90th day after the
d Ochbon 12 2020	
2 f - 1 //a	Commission 2
Signature of a member or authorized representative of	i a member

Filing Fee: \$25.00