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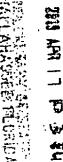
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name)
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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APR 2 5 229 T. LEIMEUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TONY'S TIPES L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Bertony Nelson Name of Person
TONIS TIYPS LLC. Firm/Company
IUSGG NE 18th ave apt 4A
NDYTH MILLIMITE F1. 33181 City/State and Zip Code
Bertonynelson@ Hot mail (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bertony Nelson at (239) 200.7519 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tony's Tires L.L.C	FILED
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	records.) 2848 APR T P 多 8 以
The Articles of Organization for this Limited Liability Company were filed on $\frac{2 \cdot 2}{1900054250}$.	211 ARITH BUTTONICA AND ASSISTED TO THE CONTROL OF
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	
Enter new principal offices address, if applicable: $2595 NW$	37 th 5t 33142
(Principal office address MUST BE A STREET ADDRESS) MICINI F1,	33142
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our rec registered agent and/or the new registered office address here:	cords, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street a	uldress
	Florida
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, 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	Address	Type of Action
AMBR	Vicky Joseph	11899 NE 18+11 CHE ADHAA	BAdd
		North miami F1,33181	
			Change
			Add
			□ Remove
			Change
			□ Ađd
			Change
			□ Add
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			Change
			Add
			Remove
			□ Change
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			_□ Remove
			_□ Change

,	
-	
E. Effe	ctive date, if other than the date of filing: (optional)
(If an Note	effective 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
doct	ament's effective date on the Department of State's records.
If the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) Th	ne 90th day after the record is filed.
Date	d
	PAD.
	Signature of a member or authorized representative of a member 3er+ov Ne Sov Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00