L19000062632

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MAY 1 6 2019 S. YOUNG

COVER LETTER

TO: Registration Security Division of Cor			
	TIRE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DEANNA MOSS		
		Name of Person	
	PRIORITY TIRE, LLC		
		Firm/Company	······································
	311 NE 14 AVE		
		Address	····
	BOYNTON BEACH, FL	33435	
		City/State and Zip Code	
	DEEMOSS@AOL.COM	to be used for future annual report	notification)
Conformation of	oncerning this matter, please ca		nomeaton)
	oncerning this matter, prease ca		
DEANNA MOSS		at () Area Code Da	9
Name o	f Person	Area Code Da	sytime Telephone Number
Enclosed is a check for the	ne 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 Tailahassee, 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

PRIORITY TIRE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000062632}{L19000062632}$	were filed on MARCH 5.2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
PREFERED TIRE SERVICE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	311 NE 14 AVE	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH, FL 3435	9
		T NATE OF THE PARTY OF THE PART
Enter new mailing address, if applicable:	311 NE 14 AVE	
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH, FL 33435	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		ter the name of the ne
	, Florida	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>	<u>Name</u>	Address	Type of Action
AMBR	RONNIE MOSS	311 NE 14 AVE	
			■ Add
		BOYNTON BEACH, FL 33435	
		-	A Kellove
			Change
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Effective data if other the	- the date of S	:1:		(antional)	
Effective date, if other that (If an effective date is listed, the d. Note: If the date inserted in document's effective date on	ate must be specific this block does n	and cannot be prior of meet the applic	able statutory filing	(optional) re than 90 days after filing, requirements, this date) Pursuant to 605.0207 (3); will not be listed as the
the record specifies a de b) The 90th day after th	layed effectiv e record is file	ve date, but no ed.	ot an effective ti	me, at 12:01 a.m.	on the earlier of:
Dated MAY 3		2019			
-	0 00		 ·		
Je Ja	rost of	Larg	orized representative o		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00