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MAY 20 2020 I ALBRITTON

COVER LETTER

Division of Corpor	ations		
SUBJECT:	TIRE Sho Name of Limi	P De pot lied Liability Confipany	LC'
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	JAVIER	Meji A S AN I	Madin
	Tire	Shop Depod	
	22846	Chestenview l	-vop #112
	LOL F	City/State and Zip Code	
-	TBALOGIS E-mail address: (1	to be used for future annual report n	OGMAIL, COM
For further information conce	erning this matter, please ca	all:	
JAVIER Name of Per	Mej: A	at (727 77 Area Code Days	27 - 395 7 ime Telephone Number
Enclosed is a check for the fo	llowing amount:		
ない \$25.00 Filing Fee で る。ハ	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

	•	
(Same of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	20
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab TBA hogis The new name must be distinguishable and contain the words "Limited Liabileters".	+ CC 5 LL C ity Company," the designation "LLC" or the ab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	22846 Chesteru hand a Lakes	jew toop #112 FL 34639
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22846 chestervice	ew Loop \$112 6 34639
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I'm Requesting NAME of change be DAUSE
Tire shop Depot ILC RAN out of Funds
to Maintain Running with one to
Keeping property business and Hining
employers. I'm NOW Strating A mone
employees. I'm Now starting a mone Riable business that I can Ron
until Right time to hime more employ
New bussiness NAME And work with
·
SAME document number.
E. 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 than 90 days after filing.) Pursuant to 605.0207 (3)(1) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
A MI
Signature of a member or authorized representative of a member
JAVIER Mejin SAN MARTIN

Filing Fee: \$25.00

State of Florida Department of State

I certify the attached is a rule and correct copy of the Articles of Organization of TIRE SHOP DEPOT LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on January 06, 2020 effective January 04, 2020, as shown by the records of this office.

I further fertify that this is an electronically transmitted certificate authorized by section 15.16. Plerida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L20000011261.

Authentication Code: 200116184810-800338763948#1

Given under my hand and

Great Seal of the State of

at Tallahassee, the

Sixteenth day of January,

the

Florida

Capital, this the

2020



Laurel M. Lee Secretary of State