L 20000 068 445

(Requ	uestor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





600342294966

08/26/20--01007--031 ++60.00

2020 Kirk 26 FM 12: 31

Amendcui

APR 1 3 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mercado Tire Service, Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alberto Mercado Name of Person	
Mercado Tipe Service Firm/Company	, UC
4324 Rundle Road	
DRICENDO, FL 3281	0
Merca do tire Service (E-mail address: (to be used for future annual re)	Dyahoo, Com
For further information concerning this matter, please call:	
Alberto Mercado at (321) 41 Name of Person Area Code	00 - 6559 Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Addr	ecc.

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	assigned
Florida document number <u>L200068145</u>	
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 "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
	3 =
Enter new mailing address, if applicable:	· ! !
(Mailing address MAY BE A POST OFFICE BOX)	2
<u> </u>	5 <u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	new registered
Name of New Registered Agent:	
Name Deminson d OCC at Addition	
New Registered Office Address: Enter Florida street address	
City Zip Co.	de
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
MGR	Alberto Mercado, Se.	4324 Rundle Road	∕ X ∧dd
		4324 Rundle Road Oplando, FL 32810	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		□Change	
		□Add	
			Remove
			□Change
			□Add
			□Remove
			□Change

_	
_	
_	
_	
_	
-	
_	
	
_	
	
_	
C. D. C. Completing	a data if athough an the data of filing.
(If an effective Note: If	e date, if other than the date of filing:
f the record ecord is filed	
Dated _	3/23 / 2020.
	323

Filing Fee: \$25.00