LZO 0000 84368

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JUN 1 8 2020 S. YOUNG

COVER LETTER

Registration Section

TO:

Division of Cor	porations		•
Tire Bay Se	ervice LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Liliana Astete		
		Name of Person	
	Tire Bay Service LLC		
		Firm/Company	
	7106 W Creek Drive		
		Address	
	Tampa, FL 33615		
		City/State and Zip Code	
	liliana.astete@baytiremobi E-mail address: (le.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Liliana Astete		646 339-4286 at ()	
Name o	f Person		ne 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 radditional copy is enclosed)
Mailing Address Registration 9	Section	Street Address: Registration Sc	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, l			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O1	~
Tire Bay Service LLC		2020 JI
	y Company as it now appears on our records.) Limited Liability Company)	2
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on March 17, 2020	and issigned
Florida document number L20000084368		e 🦳
This amendment is submitted to amend the following:	_	ည်
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	
·	Enter Florida street address	
	Florid	
	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 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	JOEL ROSA	7106 W CREEK DRIVE	= Add
		TAMPA, FL 33615	□Remove
			□ Change
MGR LILIANA ASTETE	LILIANA ASTETE	7106 W CREEK DRIVE	≣Add
		TAMPA, FL 33615	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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Note:	ve date, if other than the date of filing:
ne recor ord is fi	d 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 ed.
Dated	5/29 <u>2020</u> .
	Signature of a member or authorized representative of a member

 $\boldsymbol{\cdot}, \quad \boldsymbol{\cdot}, \quad \boldsymbol{\cdot}, \quad$

Filing Fee: \$25.00