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## **COVER LETTER**

TO: Registration 5 Division of Co			
	IRES & PARTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Agigles of	of Amendment and fee(s) are sub	unitted for filing	
	condence concerning this matter	•	
riease retuiti air corres,	ongence concerning this matter	to the following.	
	Marylena Rodriguez-Gom	ez	
		Name of Person	
	MERO TIRES & PARTS	LLC	
		Firm/Company	
	161 W. Landstreet Rd		
		Address	
	Orlando FL 32824		
		City/State and Zip Code	
	Marylenarodriguez@gmail E-mail address: (	.com to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Marylena Rodriguez-G	iomez	407 690-2136	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MERO TIRES & PARTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Lia	ahility Company were file	ed on 04/22/2020	TALLAHASSEE, FLORIDA and assigned
Florida document number 1.20000110201		<u> </u>	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	ny," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	TADDRESS)	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I		<i>&gt;</i>	
Induing dates, MAT BE ATOST OFFICE E	<u> </u>		
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:			ter the name of the new registered
New Registered Office Address:			
		Enter Florida street add	dress
	City	,	Florida
New Registered Agent's Signature, if changing R	-		7.17 Code
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	I agent and agree to act or and complete perform tered agent as provided egistered office address	ance of my duties for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Euro J. Mendez	14129 Corrigan Ave	□Add
		Orlando, FL 32827	<b>≡</b> Remove
		. <del></del>	□Change
			□∧dd
			□Remove
		<del></del>	□Change
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			Change

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