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COVER LETTER

Division of Corporations ATW TIRES WHEELS AND AUTO LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BAHAR R. HUSSAIN Name of Person ROGER A FOOTE INC Firm/Company 7200 LAKE ELLENOR DR SUITE 106 Address ORLANDO, FL 32809 City/State and Zip Code BAHARFOOTE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMMAR TAMER ALHAYDARI Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing-Fee, ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status & i Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

Registration Section

TO:

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

ATW TIRES WHEELS AND AUTO L		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on out imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Cor		0 and assigned
Florida document number L20000161346		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	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	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	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

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>	Name	<u>Address</u>	Type of Action
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		Signature of a brember or a	amorized representative	e or a member		
		AMMAT TAMER AL	HAYDARI			