L21000097718

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(City/State/Zip/Phone #)
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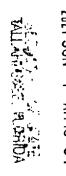
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JUN 01 2021 LALBRITTON

COVER LETTER

TO:

TO: Registration Se Division of Cor			•
	S AND SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspond	ondence concerning this matter	to the following:	
	JORGE L. CHINCHILLA	VILLAMIL	
		Name of Person	
	JLA TIRES AND SERVICE	CES LLC	
		Firm/Company	
	535 CORONADO PL.		
		Address	
	PANAMA CITY BEACH	FL. 32413	
		City/State and Zip Code	
	MILA@NOTARIA.US	to be used for future annual re	nort natification)
For further information c	oncerning this matter, please c		and manifestary,
JORGE L CHINCHILLA	A VILLAMIL	850 691-5	8650
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Division	I <u>ress:</u> ion Section of Corporations re of Tallahassee
Tallahassee,			Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLA TIRES AND SERVICES LLC

company has been notified in writing of this change.

Name of the Limited Liability Compa (λ Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000097718</u>	were filed on $\frac{\partial 3/\partial 1/2\partial 21}{\partial 3/\partial 1/2\partial 21}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		- 1985.88 - 1985.88 - 1985.88
		T T
		Side O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S.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>	Address	Type of Action
-4MBR	JORGE L CHINCHILLA VILLAN		
			\exists Change
AMBR	LILIANA A GUERRA RAMIREZ		□Add
		 	□Remove
			□ Add
			🗀 Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
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			☐ Change

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