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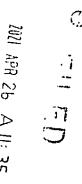
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations JLA TIRES AND SERVICES 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: JORGE L. CHINCHILLA VILLAMIL Name of Person Firm/Company Address 535 CORONADO PL City/State and Zip Code PANAMA CITY, FL, 32413 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JORGE L. CHINCHILLA VILLAMIL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Spaus & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: **Registration Section** Registration Section Division of Corporations Division of Corporations -. P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLA TIRES AND SERVICES LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on 03/01/2021	and assigned
orida document number L21000097718	·	
his amendment is submitted to amend the follow	wing:	
. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
<u> Principal office address MUST BE A STREET</u>	ADDRESS)	
	<u> </u>	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
	gistered office address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address	<u>shere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zin 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>	<u>Name</u>	Address	Type of Action
AMBR	JORGE L. CHINCHILLA VILLAN	535 CORONADO PL	Add
		PANAMA CITY,FL, 32413	□Remove
			□ Change
AMBR	LILIANA A. GUERRA RAMIREZ	535 CORONADO PL	= Add
		PANAMA CITY,FL, 32413	□Remove
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an effective date is listed, the date must	date of filing:t be specific and cannot be prior to date	of filing or more than 90 days after fi	ling.) Pursuant to 605,020
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<u></u>	Chinchilla		
	Chinchilla Signature of a member or authorized re	epresentative of a member	17 D