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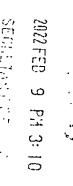
(Reques	stor's Name)	
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Certified Copies	Certificates of	Status
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S BRUCE

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor			•
SUBJECT: Her	CUIES WHOLES	SAIC TIVES OF Ted Liability Company	Tampa
The enclosed Articles of Am	endment and fee(s) are sub	nitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Mar 3	Name of Person	
	Herc	US WOLESALE Firm/Company	tires of tampon
	icalan um	138th st Unit 1	1 Hialcah Gardens Fl
		City/State and Zip Code	
_	E-mail address: (t	o be used for future annual report noti	fication)
For further information conce	erning this matter, please ca	ill:	
Martin Le Name of Per	SOIL	at (786) 63L Area Code Daytim	1 6339 e Telephone Number
Enclosed is a check for the fo	ollowing amount: ☐ \$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 Address: Registration Section Division of Corp		Street Address: Registration Se Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Exame or the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)	of Tampa, LLC
The Articles of Organization for this Limited Liability Company	were filed on 2 3 22	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10990 nw 138th	
(Principal office address MUST BE A STREET ADDRESS)	Haleah Garder	15 FI 33018
Enter new mailing address, if applicable:		n st Unit# 14
(Mailing address MAY BE A POST OFFICE BOX)	Hialeah Govae	ens FL 33018
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the n	2022 FEB
New Registered Office Address:		9 7
- AND AND STATE OF THE STATE OF	Enter Florida street address	# (7
	, Florida	ω
	City	Zip Costo

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
<u>CEO</u>	Martin Lebrican	10990 nw 138 th St Unit 14 Highegh Earden FL 33018	S MAdd
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			□ Change
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	ALSO WE NEED TO Change the MAILING & PHYSICAL AND
	NEW Andrano
	HIALEAY TRANSPORT TIMES
	10990 NW 138 St
	# SUITE 14
	HIALEHH GARDENS
	FLONIDA 33018
	2022
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E Chart	No duta Maria da Cala da Cara
(II an effe	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (filing.) Pursuant to 605.0 If the date inserted in this block does not must the applicable agent of filing or more than 90 days after (filing.) Pursuant to 605.0
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed att's effective date on the Department of State's records.
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tid.
	2/03/2022 //
Dated _	2/03/2022
	11,11,11,11,11

Filing Fee: \$25.00