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FILED
2024 MAY -8 PM 1:46
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of 0	n Section Corporations		
TIRES	TREETS GARAGE HOLDING	LLC	
SUBJECT:	Name of Liu	mited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	Manoj Harpalani		
		Name of Person	
	TIRE STREETS GARAC	GE HOLDING LLC	
	<del></del>		
	4220 W 104th Street, Suite 11		
		Address	
	Hialeah, FL 33018		
	manoj.harpalani@zafco.co	City/State and Zip Code	
	E-mail address:	(to be used for future annual report n	otilication)
For further informatio	n concerning this matter, please of	call:	25
Manoj Harpalani		305 406-3811	x333 Z T
Nam	e of Person	Area Code Dayı	x3333 ime Telephone Number LARRY OF PR
Enclosed is a check fo	or the following amount:		سسه ۱۰۵۰ کالی ا
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division of P.O. Box 6	n Section Corporations	Street Address: Registration S Division of C The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compar	y were filed on 05/06/2021	and assigned
Torida document number 1.21000212854		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
Zafco Retail Holding LLC		
he new name must be distinguishable and contain the words "Limited Lia	pility Company," the designation "LLC" or	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, s
	•	
		- ER 5
. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regis
gent and/or the new registered office address here:		PSS PR
		SE
Name of New Registered Agent:		77 5
N B		THE STATE OF THE S
New Registered Office Address:	Enter Florida street address	<del></del> -
	F1	la.
<del></del>	, Floric	1a 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>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
			Remove
			□Change
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Depi	e specific and cannot be p k does not meet the ap	olicable statutory fil	(option more than 90 days after ling requirements, this	tiling.) Pursuant to 60	5.0207 ( ted as t
the record specifies a delayed e ) The 90th day after the recor	effective date, but d is filed.	not an effective	time, at 12:01 a	.m. on the earli	er of:
Dated May 2nd	2024				
		Dors			
	gnature of a member or a				

Page 3 of 3

Filing Fee: \$25.00