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COVER LETTER

TO: Registration So Division of Cor					
T,	Africky Tire Sup	odiec ILC			
SUBJECT:	Name of Lin	iled Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Luis E. Narvaez				
		Name of Person	<u> </u>		
	INFINITY TIRE SUPPLI	ES, LLC			
	<u></u>	FigurCompany			
	2338 OLS COMBEE ROAD #107				
		Address			
	LAKELAND, FL 33805				
		City/State and Zip Code			
	ANABELLET@GMAIL.C				
		to be used for future annual report not	dification)		
For further information c	oncerning this matter, please c	all:			
LUIS E. NARVAEZ		407 930-7382			
Name o	f Person	at () Area Code — Daytir	ne Felephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	tion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	27		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 AM 6: 13

INFINITY TIRE SUPPLIES, LLC

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company were filed on $\frac{08/26}{2021}$

SECRETARY OF SIA!

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Florida document number <u>L21000382856</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City 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 th 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

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS E NARVAEZ	2914 SERA BELLA WAY	
		KISSIMMEE, FL 34744	≣Remove
			Change
AMBR	LUIS E. NARVAEZ	2914 SERA BELLA WAY	≅ Add
		KISSIMMEE, FL 34744	□Remove
			□Change
			□Add
			Remove
	_		
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change

D. If amending any other informatio			·
E. Effective date, if other than the da (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depa	k does not meet the applica	o date of filing or more than 90 ble statutory filing requires	(optional) days after filing.) Pursuant to 605.020 ments, this date will not be listed to
f the record specifies a delayed effective decord is filed.	late, but not an effective tin	ac, at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
Dated SEPTEMBER 14	2021	_ ·	
& 7)100 Sig	2070-	ized representative of a mend	per
AUTHORIZED MEMBER			
		I name of signee	

. . . .