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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CG TAX, INC. Account Number : I19990000017 : (305)485-9300 Fax Number : (385)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIRIUS TIRES, LLC.			
(Name of the Limi	ted Liability Co (A Florida Limi	mpany as it now appears on o	ur records.)
he Articles of Organization for this Limited L	iability Comp	any were filed on 10/15/20	21 and assigned
lorida document number L21000451522		-	
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited l	lability company here:	
₹A			
he new name must be distinguishable and contain the w	ords "Limited L	inbility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREE	T ADDRESS	,	
	_		20.
			-
Enter new malling address, if applicable:		N/A	· _ ·
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
If any and in a the surface of a second second		- 4	
. If amending the registered agent and/or regent and/or the new registered office addres	egisterea otni s_here:	re address on our records	s, enter the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enser Florida stre	nt address
			Florida
		Cl _Ž i	Zip Coâe

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 Memher

<u>Title</u>	Name	Address	Type of Action
MGR	ROCIO, AHUMADA	4400 W. COLONIAU DR.	≡ Add
		ORLANDO, FL 32808	□Remove
			□Change
			□ Add
			□ Remove
			[] Change
			□Add
			Remove
			Change
			□Add
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			□Add
			Remove
			□Change
			☐ Remove

	
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Tective date, if other than the dat an effective date is listed, the date must be so ote: If the date inserted in this block ocument's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 does not meet the applicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective dat is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
SEPTEMBER 14	2023
	. \
Kather	LUL . (Collection of a member or authorized representative of a member