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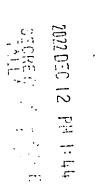
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doo	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: BOS	TON TIRES UNLI	mited	
30BJEC1:		nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	INOXID	LUCIANO	
		Name of Person	
	BOSTON -	tires Unlimited	
		Firm/Company	200
	S139 IceT	Drive	22.0E
	<u> </u>	Address	
	o dand	~ ~	
	ORCANES ;	City/State and Zin Code	
			• • •
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
INOXIA	LUCIANO	at (<u>617) 749</u> -	Name of Person Ser Unimited Firm/Company Address Addr
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
14 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Мопго	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Assistant Committee Condition I have At 1 1 11 con		0 - 2022
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MA	~_ %
(Principal office address MUST BE A STREET ADDRESS)	MA	022 To
		72
Enter new mailing address, if applicable:	NIA	.
(Mailing address MAY BE A POST OFFICE BOX)	8/39 Ecet	DRIVE -
manual ma	8139 Icet ORlando, FL	32822 =
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	1	
	/^	
New Registered Office Address:	Enter Florida street add	ress
	City	Florida
		-
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	HILARIO FERRAND	140 HumboldT ave.	14xdd
		DORCHESTER, MA 02121	□Remove
			□Change
AMBR	MANUEL CRISOSIONS	71 SEYMOUR ST. Apt. I BISLINGSU MA 02131	□Add
		Bislindole, MA 02131	Gremove
			□Change
			200 DEC
		•	-⊟Remove
		• 	Change
		· : ·	☐Change
			□ Remove
			□Change
			□Add
		***	□Remove
			□Change
		· 	□Add
			□Remove
			□Change

Page 2 of 3

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