

122000280213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

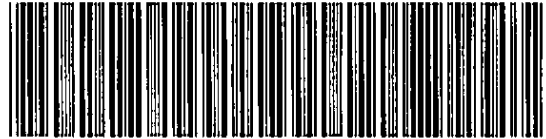
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRET  
FILE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Boston Tires Unlimited  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INOXID LUCIANO  
Name of Person

Boston Tires Unlimited  
Firm/Company

8139 ICET DRIVE  
Address

ORLANDO, FLORIDA 32822  
City/State and Zip Code

ADMIN@BOSTONTIRESUNLIMITED.COM  
E-mail address: (to be used for future annual report notification)

2022 DEC 12 PM 1:44  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

INOXID LUCIANO at ( 617 ) 744-7695  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Boston Tires Unlimited

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>HILARIO FERRAND</u>	<u>140 Humboldt Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>DORCHESTER, MA 02121</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MANUEL CRISOSTOMO</u>	<u>71 SEYMOUR ST. Apt. 1</u>	<input type="checkbox"/> Add
		<u>BROOKLINE, MA 02131</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TAL

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Oct-19-2024

## Logos Lucione

Signature of a member or authorized representative of a member

INERID LUCIANO

Typed or printed name of signee