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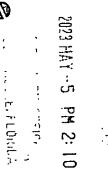
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05/05/23

NAME:

ROUND THE CLOCK ROADSIDE TIRE SHOP LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROUND THE CLOCK ROADSIDE TIRE SHOP LLC 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:
Name of Person
ROVEND THE CLOCK ROADSIDE TIRE Shop LLC Firm/Company
10590 City Control BIND UNIT 308 Address
PEMBROKE PINES, FL 33025 City/State and Zip Code
ROUND THE CINCK ROADSING TS @ 9 MAIT. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUAN CZUZ at (954) Z00 - 3851 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \$\sum \text{\$\$\$\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Par to The Classic	Dama Cinca =	Tion chant	2020 17 17 -5 PM 2: 46
LOUND THE CLOCK (Name of the Limited Link)	ility Company as it now	Appears on our refords.)	C OF STATE
		1 .	
The Articles of Organization for this Limited Liability	Company were filed	on 4/21/202	3 and assigned
Florida document number <u>L 2300019796</u>	<u>,5</u> .	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability comp	any here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company	," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on	our records, enter the o	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street address	· ··
 -	City	, Florida	7: 6.1
	Cuy		Lip 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
AMBR	JUAN CRIZ	10590 City Center BIVD	DPAdd
	·	Unit 308	
		PEMBROKE PINES, FL 33025	DChange
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		-	□Remove
			Change
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