# L23000346707

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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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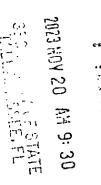
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TO: Registration So Division of Cor			•	
FLORIDA	PYRAMIDS TIRES AND RUBI	BER PRODUCTS, LLC		
SUBJECT:				
	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for tiling.		
Please return all correspo	ondence concerning this matter to	o the following:		
	JULAN MUSTAFA, ESQ			
	<del></del>	Name of Person		
	MUSTAFA LAW FIRM, PA			
		Firm/Company	<del></del>	
	18948 N. DALE MABRY H	WY., #102		
		Address		
	LUTZ, FL 33548			
	JULAN@MUSTAFALAWFI	City/State and Zip Code	<del> </del>	
		be used for future annual report notificati	ion) - 2	
For further information c	oncerning this matter, please cal	•	123	73
JULAN MUSTAFA	one of the control of	727 725-7600	5	
Name o	of Person	at ()	lephone Number	٠,
Name o	n retson	Atea Code Daytime Te	lephone Number STATE FL	العب الوجا <sup>ا</sup>
Enclosed is a check for the	he following amount:		30 FLTE	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (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

## ARTICLES OF ORGANIZATION OF

#### FLORIDA PYRAMIDS TIRES AND RUBBER PRODUCTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L23000346707 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 registered agent and/or the new registered office address here: ڢ Name of New Registered Agent: New Registered Office Address: Enter Florida street addre

#### 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.

City

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ibrahim Gouda	3488 Great VAnyan Way Wesley Chapel, FL 33543	<b>=</b> Add
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ffective an effe	ve date, if other than the date of filing: (optional) (optional) ective 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 605.0	0207 (
<u>lote:</u> 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.	d as t
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ateu _	Signature of a member or authorized representative of a member	

Typed or printed name of signee