L23000376603

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el'b if7		RES TRUCKS RETREAD LLO	С
SUBJEC	.1:	Name of Lim	nited Liability Company
The encle	osed Articles of	Amendment and fee(s) are sub	unitted for filing.
Please re	turn all correspo	ondence concerning this matter	to the following:
		OSCAR ORTIZ	
			Name of Person
			Firm/Company
		6720 S FLORIDA AVE A	PT 3407
			Address
		LAKELAND, FL 33813	
			City/State and Zip Code
		oscarortiz85102533@gmail	
For furth	er information c	E-mail address: (concerning this matter, please c	(to be used for future annual report notification)
OSCAR	ORTIZ		689 2539240 at ()
	Name o	of Person	Area Code Daytime Telephone Number
Enclosed	is a check for t	he following amount:	
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Davistration Section
	Division of C		Registration Section Division of Corporations
	P.O. Box 632	27	The Centre of Tallahassee
	Tallahassee, i	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTIZ TIRES TRUCKS RETREAD LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our reconnicd Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000376603</u>	npany were filed on 08/12/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	22 - I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 3:26 OF STATE SEE, FIL
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, ent	ler the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street adi	tress
		ra ta
	City	Florida Zip 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	CLAUDIA P MONTANO NINO	6720 S FLORIDA AVE APT 3407	
		LAKELAND, FL 33813	
			Change
 			
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Note: If the	date, if other than we date is listed, the da he date inserted in the s effective date on the	his block does	not meet the a	pplicable statute	ing or more than 90 ory filing requires	(optional)) days after filing.) ments, this date v	Pursuant to 605,0207 will not be listed as (
e record sp rd is filed.	ecifies a delayed ef	fective date, bu	it not an effect	ive time, at 12;0	I a.m. on the ear	dier of: (b) The	90th day after the
Dated AU	GUST 17		2023	···································			
		054	200	12			
		Signature	of a member or	authorized repres	entative of a mem	ber	

Filing Fee: \$25.00