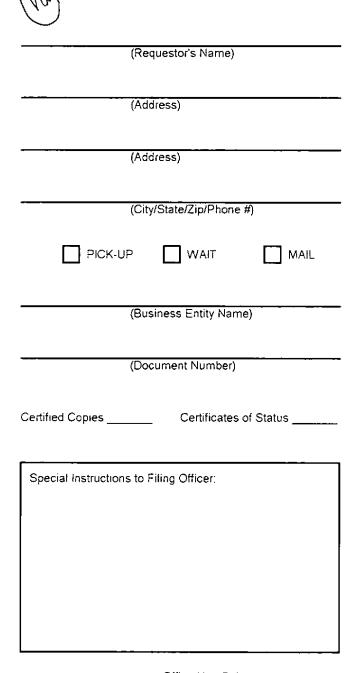
L23000383879



Office Use Only



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25.52 July 3. 6.45.27.77

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			;
ANDTIRE			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MANUEL ANDRADE		
		Name of Person	
		Firm/Company	
		Address	
	222 NE25TH STREET AF	PT 1201. MIAMI, FL 33137	
	biciandrade@hotmail.com	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
		at ()	ne Telephone Number
Name (of Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDTIRE LLC		
(<u>Name of the Limited Li</u> (λ Fl	ability Company as it now appears on our recorda Limited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liabili Florida document number L23000383879	ty Company were filed on 08/15/2023	and assigned
This amendment is submitted to amend the following	g:	
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 "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
Principal office address MUST BE A STREET AL	ODRESS)	
		2.3
inter new mailing address, if applicable:		- ·· <u>·</u>
Mailing address MAY BE A POST OFFICE BOX	<u></u>))
		: -
		2)
3. If amending the registered agent and/or regist gent and/or the new registered office address her	· ·	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
<u> </u>		Florida Zip Code
	City	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 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>	Type of Action
MGR	MARTINEZ, GISELA P	13360 W COLONIAL DR. #430	□Add
		WINTER GARDEN, FL 34787	■Remove
			[] Change
			□ Remove
			□Change
		,	🗀 Add
			□Remove
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C. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be prior ock does not meet the applica	able statutory filing require	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be li	05.0207 (3)(sted as the
the record specifies a delayed effective cord is filed.	: date, but not an effective ti	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day aff	ter the
Dated November 16	2023	<u> </u>		
Ma	nusl A Andraa Signature of a member or autho	le Colmenarez		
-	Signature of a member or author	orized representative of a mem	ber	
А	ANDRADE COLMENAREZ	Z. MANUEL A		
-	Typed or printe	ed name of signee		