

24000368594

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only



800437477918

10/08/24--01020--803 **25.00

COVER LETTER

TO:

SUD ILCA		ES SHOP LENIO MULTI SEF	RVICES LLC	
SUBJECT	· <u></u>	Name of Lim	ited Liability Company	
The enclos	Division of Corporations BEST TIRES SHOP LENIO MULTI SERVICES LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: LENIO SALOMON Name of Person BEST TIRES SHOP LENIO MULTI SERVICES LLC Firm/Company 1210 WYOMING AVE Address FORT PIERCE, FL 34982 City/State and Zip Code EMILESELLS@GMAIL.COM Benail address: (to be used for future annual report notification) further information concerning this matter, please call: SIO SALOMON Name of Person Area Code Daytime Telephone Number Losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificate of Status Size et Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		LENIO SALOMON		
			Name of Person	
		BEST TIRES SHOP LEN	Int and fee(s) are submitted for filing. Interest SHOP LENIO MULTI SERVICES LLC Firm/Company NYOMING AVE Address PIERCE, FL 34982 City/State and Zip Code SELLS@GMAIL.COM E-mail address: (to be used for fluture annual report notification) this matter, please call: at \(\frac{561}{Area Code} \) \(\frac{506-0562}{Daytime Telephone Number} \) Interest Section Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
			Firm/Company	
		1210 WYOMING AVE		
	1210 WYOMING AVE Address FORT PIERCE, FL 34982			
		FORT PIERCE, FL 34982		
			City/State and Zip Code	
				
		E-mail address: (to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please ca	all:	
LENIO SA	MOMON			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
D	ivision of C	orporations	Division of Cor	porations
	.O. Box 632 allahassee, I			
1 :	ananassee, I	し シモントマ	7415 DESTRUCTION	e parect, parte 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST TIRES SHOP LENIO MULTI SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000368594</u>	were filed on 08/22/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the n:</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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
AMBR	ROSE VALERY	1210 WYOMING AVE	= Add
		FORT PIERCE, FL 34982	□Remove
			Change
			Remove
			□Change
			□Add
		 	□Remove
			□Change
	-		□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			C) C\

				
				
				
				
		· · ·		·
ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to does not meet the applicab	date of filing or more than	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 (listed as t
record specifies a delayed effective da is filed.	ate, but not an effective tim	ie, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
SEPTEMBER 18	2024	_ •		
	A			
Jan John	nature of a member or authori	ized representative of a men	nher	_
LENIO SALOMON				
Barrie Britanier	Typed or printed	Tunan (Palitan)		_

Filing Fee: \$25.00