L24000389484

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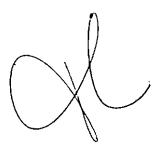
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COVERLETTER

VO: Registration Sec Division at Car						
SUBJECT:	Wheels &	Tices Pro LLC ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ondence concerning this matter t	to the following:				
	Jimmy	Cabrero Name of Person				
	02.4.6.6	Firm/Company				
		JoHair Ter				
	Port So	City/State and Zip Code Pro a gma. 1. Com obe used for withre annual report notifi	, 34983	· 2		
	Wheelstire E-mail address: (II	Pro Congra 1. Con	(cation)	024 OC1	i l	
For further information c	oncerning this matter, please ca	ill:	<u>第</u> シ.	9	। न्याः न्याः ग्रे	
Jimmy Sime o	Cabrera (Person	City/State and Zip Code Pro agmail. Com of the used for value annual report notificall: at (772) 237-0 Area Code Daytime	7032 S	AH II: 29		
Enclosed is a check for the	ne following amount:			_		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & S60.00 Fiting Fee, Certified Copy (additional copy is enclosed) S60.00 Fiting Fee, Certified Copy (additional copy is enclosed)				
Mailing Addrey		Street Address:	tion			

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

Registration Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wheels & Tire pro LLC
(Name of the Limited L
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>L2400389484</u> .
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 "L L.C."
Enter new principal offices address, if applicable: 2058 SW Hayworth Ave
(Principal office address MUST BE A STREET ADDRESS) Part Saint Lucie 184,3495-3
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 registere
agent and/or the new registered office address here:
Name of New Registered Agent: Jimmy Cobrero
Name of New Registered Agent: New Registered Office Address: 2058 Sw Hayworth Ave Emer Florida street address
Enter Florida street address
Part Saint Lucie, Florida 34953
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 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

Title	Name	Address	Type of Action
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If an effective date is liste Note: If the date inser	ter than the date of fi d, the date must be specific rted in this block does no date on the Department t	and cannot be prior to da of meet the applicable	6 / 2024 e of filing or more than statutory filing requir	(optiona 90 days after filin ements, this da	ig.) Pursua	29 ant to 605.0	⊕ 020 020
rd is filed.	ayed effective date, but				The 90th	day after	the
	/21/2024						
Dated	161 2007	,					
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Filing Fee: \$25.00