

Florida Department of State  
Division of Corporations  
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TIRE CORNER LLC

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M. SOLOMON  
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Corporate Filing Menu

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIRE CORNER 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 10/30/2024 and assigned  
Florida document number L24000459313.

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:

(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:

Name of New Registered Agent:

FARAONE, FABIAN

New Registered Office Address:

1127 SW PARK STREET

Enter Florida street address

OKEECHOBEE

Florida 34972

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.

Fabian Faraone  
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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>	<u>Type of Action</u>
MGR	FARAONE, FABIANO	1127 SW PARK STREET	<input type="checkbox"/> Add
		OKEECHOBEE, FL. 34972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FARAONE, FABIAN	1127 SW PARK STREET	<input checked="" type="checkbox"/> Add
		OKEECHOBEE, FL. 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DODRERA, CLAUDIA	1127 SW PARK STREET	<input checked="" type="checkbox"/> Add
		OKEECHOBEE, FL. 34972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DODERA, CLAUDIA	1127 SW PARK STREET	<input checked="" type="checkbox"/> Add
		OKEECHOBEE, FL. 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: NOVEMBER 13, 2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to the filing date.)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 13 2024

Signature of a member or authorized representative of a member

FABIAN FARAONE

Typed or printed name of signee

**Filing Fee: \$25.00**