

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC
Account Number : 120130000079
Phone : (305) 804-1047
Fax Number : (866) 767-7835

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 JUL 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVENTURE TIRES 3, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 27 A 8:30

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Corporate Filing Menu

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JUL 28 2015

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July 22, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVENTURE TIRES 3, LLC
2629 WESTON RD
WESTON, FL 33331US

SUBJECT: ADVENTURE TIRES 3, LLC
REF: M15000003996

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. PLEASE USE FORM FOR FOREIGN LLC AMENDMENTS. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000176352
Letter Number: 915A00015314

RECEIVED

15 JUL 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ADVENTURE TIRES 3, LLC

2. The Florida document number of this limited liability company is: M15000003996

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 05/20/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "LLC," or "LC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LC.")

6. 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: _____

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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Please see attached for change Principal and Mailing address

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Please see attached for change Principal and Mailing address

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the SEE ATTACHED
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Luis Serrano

Signature of the authorized representative

LUIS SERRANO

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 JUL 27 A 8:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT
TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

ATTACHED FOR:

ADVENTURE TIRES 3, LLC

Please amendment Principal and Mailing adress :

PRINCIPAL ADDRESS: (NEW)

7930 NW 36 ST, SUITE 13-16, DORAL, FL 33166

MAILING ADDRESS: (NEW)

7930 NW 36 ST, SUITE 13-16, DORAL, FL 33166

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TALLAHASSEE, FLORIDA