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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : NEW START BUSINESS SOLUTIONS INC  
Account Number : I20130000079  
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: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ADVENTURE TIRES 4, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUL 27 A 10:01

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Help

JUL 28 2015

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July 22, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ADVENTURE TIRES 5, LLC  
2629 WESTON RD  
WESTON, FL 33331US

SUBJECT: ADVENTURE TIRES 5, LLC  
REF: M15000003998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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 AMENDMENT FORM FOR FOREIGN LLC. 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. #: H15000176372  
Letter Number: 615A00015315

RECEIVED  
15 JUL 27 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 5, LLC
2. The Florida document number of this limited liability company is: M15000003998
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 "LLC.")

(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 "LLC.")

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

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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
_____	_____	_____	<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

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2015 JUL 27 A 10:01  
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 5, LLC**

Please amendment Principal and Mailing adress :

**PRINCIPAL ADDRESS: (NEW)**

11603 OKEECHOBEE RD, HIALEAH GARDENS, FL 33018

**MAILING ADDRESS: (NEW)**

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

**FILED**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA