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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashton Mavis, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our remitted Liability Company)	cords.)	<del></del>
The Articles of Organization for this Limited Liability Com	npany were filed on 1/3/24		and assigned
lorida document number L 24 00000 8805			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	I liability company here:		
Ashton Tires, LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST B <u>E A STREET ADDRES</u>	55)		
		400	2024
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Enter new mailing address, if applicable:		25	
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Mailing address MAY BE A POST OFFICE BOX)	<del></del>	E S	
		- FE	20
3. If amending the registered agent and/or registered of	ffice address on our records, er	ार्थ ster the name of	<b>ယ</b> Tthe new regist
gent and/or the new registered office address here:	ince address on our records, <u>er</u>	iter the name of	the heartegist
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street ad	ldress	
		, 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

## Division of Corporations Registration Section :OT

60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	cucjoseq)	4 gaili4 00,222 □ gqoO baifithaO ayqoo lanoiilbba)	& 530.00 mility 00.052	əə <sup>4</sup> griffi 00.82\$ 돌	
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		(13) m (20) m (14) (15)	<u> </u>	Michael I Leeds	
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	200	Oity/State and Nyth	michael@shagbarkfl.com		
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			Tampa, FL 33609		
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		<del></del>	Shagbark Properties		
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		the following:	dence concerning this matter to	Реавс return all correspon	
		itted for filing.	mendment and fee(s) are subm	A lo sələinA bəsolənə ədT	
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			s, LLC	ivaM nordaA	
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Tallahassee, FL 32303 2415 M. Monroe Street, Suite 810 The Centre of Tallahassee Division of Corporations Registration Section Street Address:

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

or removed from our records:

MGR = ManagerAMBR = Authorized Member

Type of Action	Address	<u>omeN</u>	<u>olti l</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(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) E. Effective date, if other than the date of filing: 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 \_\_\_\_ 2024 Ce 7 Signature of a member or authorized representative of a member Michael J Leeds

\_\_\_\_

Typed or printed name of signee