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SECRETARY OF STATE
ALL AHASSEE FLOSING

J. BRYAN

SEP - 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	·
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Wyatte A. Golson IV	- 788 S
	Tires Etc., L.L.C	EP-8 PH
	6660 HWY 90 Address	P-8 PH 2: 35 ETARY OF STATE
	Milton, FL. 32570 City/State and Zip Code	
	tires one a hell south, net E-mail address: (to be used for future annual report notification)	
For furt	ther information concerning this matter, please call:	
_Wy	Name of Person at (850) 712 - 5458 Area Code & Daytime Telephone Number	er -
Enciose	d is a check for the following amount:	
□ \$25.	(additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifica Building 2661 Executive Center Circle Tallahassee, FL 32301

→ NINEMIL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRE	195E8 -6	34004
(2,2 _{5,7}	RECEIVED THE	22.35

Tices Etc.	L.L.C
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L040000391)</u> .	were filed on 01/12/2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ijlity company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Tices Etc., L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	6660 HWY 90
	Milton, FL 32570
Enter new mailing address, if applicable:	Tires Etc. L.L.C
(Mailing address MAY BE A POST OFFICE BOX)	6660 HWY 90
	Milton, FL 32570
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 608, 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 or Managin	the Managers or Managing Members or <u>g Member being added or removed from</u>	o our records, <u>enter the title, name, and ad</u> our records;	dress of each Manager			
MGR = Mai MGRM = M	nager Ianaging Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
<u>MGRM</u>	Wyatte A. Golson IV	2189 Handy Road Cantonment, FL 32533	Add Remove			
MGRM	Cynthia W. Colville	6139 Jameson Circle Pace, FL 32571	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessar)	SHCRE			
			FILED FP-8 PM 2:35			
Dated	8-2-09,		35			
	Signature of a member of BAINEY B-BL Typed or	e sutherized representative of a member				
Lyped or printed name of signee						

Page 2 of 2

Filing Fae: \$25.00